



REMOVABLE RX

HARRISON DENTAL STUDIO, INC.

5 EAST WENTWORTH AVENUE

WEST ST. PAUL, MINNESOTA 55118

PHONE: (651) 457-6600 1-800-899-3264

FAX: (651) 457-8869 www.harrisondentalstudio.com

Received _____

Models _____

Tray _____

Bite _____

Partial/Denture _____

Art # _____

Dr. _____ Date Sent _____

_____ Finish Date _____

_____ Finish Time _____

Patient _____ Shade _____

Flipper 1-3 teeth	<input type="checkbox"/>	Clasps	Yes	No
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Acrylic Partial 4+ teeth	<input type="checkbox"/>
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Full Upper	<input type="checkbox"/>
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Full Lower	<input type="checkbox"/>
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Partial Upper Cast	<input type="checkbox"/>
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Partial Lower Cast	<input type="checkbox"/>
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Flexible Partial	<input type="checkbox"/>
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Clear Clasp	<input type="checkbox"/>
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Invisguard Splint	<input type="checkbox"/>
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Hard /Soft Splint	<input type="checkbox"/>
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Hard Acrylic Splint	<input type="checkbox"/>
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TEETH

IPN Premium

Economy Classic

MOLD Upper

Anterior _____

Posterior _____

Lower

Anterior _____

Posterior _____

E-Mail Photos To:
photos@harrisondentalstudio.com

TRIAL FINISH

SHAPE

Square

Tapering

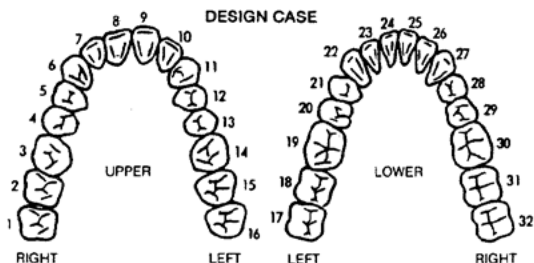
Ovoid

ETHNIC ACRYLIC

SHADES

light medium dark

Special Instructions:



Doctor Sig. _____ Lic. # _____

FM4-RX-003-00

Please send RX Forms Mailing Boxes Shipping Labels

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