



Removables RX

Toll Free 877-490-5533
Local 210-490-5533
Fax 210-521-2997

www.mascoladentallab.com
1904 Grandstand Drive
San Antonio Texas 78238

Doctor _____ Address _____ Call Doctor _____

City _____ State _____ Zip Code _____

Patient _____ Gender _____ Age _____

Due Date: _____

Setup

Ideal Finish
Try-in Reset

Tooth/Tissue Shade

Shade Guide Name #
Tissue Shade Light Pink Pink Ethnic
Photo Attached E-Mailed

Dentures

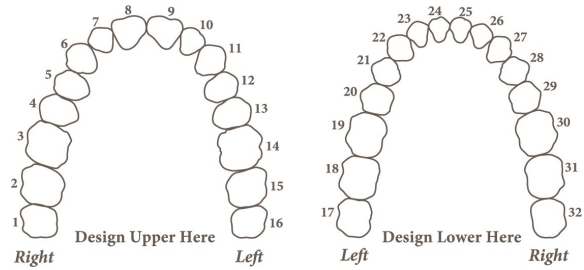
Immed. / Trans Denture
Economy Denture (w/ house teeth)
Deluxe Denture (w/ premium teeth)

Partials

Acrylic Partial
Valplast Complete
Metal Frame partial Complete
Metal Framework Only
Clear Fixed Partials

Denture Items

Hard Reline
Soft Reline
Bite Blocks
Custom Tray



Instructions

Doctor please keep a copy for your records.

License # _____

Signature

_____ State _____

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal and collections costs in the event of suit, including reasonable fees and finance costs. Invoices not paid within 30 days of statement are subject to a service charge of 1.5% per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on C.O.D. basis. This contract performable in Bexar County, TX. In the event of a dispute, the parties agree that the venue be Bexar County.