



PARK SIDE DENTAL STUDIO

FULL SERVICE DENTAL LAB

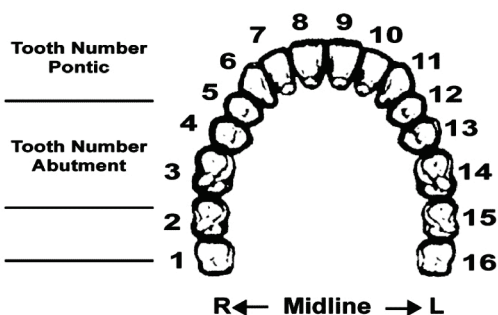
300 Craig Rd. Floor 2, Englishtown, NJ 07726
Phone: 1-800-307-6099

PRESCRIPTION FORM

Dr. Name _____

Address _____

- SMILE TEMP
- VALPLAST
- CUSTOM TRAY
- METAL PARTIAL
- BITE RIMS
- IMMEDIATE DENTURE
- STANDART DENTURE



Vital Information

Shade _____

Rx Date _____

Due Date _____ A.M.
P.M.

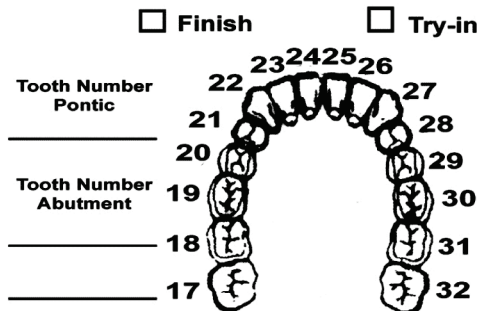
Patient Name _____

Call Me

Dr. Phone _____

Beeper

Beeper No. _____



Indicate Characterization if any



Occl. Stain:

- None
- Light
- Medium
- Dark



Pontic Design:

Facial Margin Metal Margin Show no Metal Porcelain Butt

Occlusal Clearance In Occlusion Out of Occlusion Foil Relief

Instructions: _____

Personal Signature of Dentist

Dentist License#