

PLEASE CALL DUE DATE _____

RAINBOW DENTAL LABORATORY, INC.

PLEASE CALL DUE DATE _____

Telephone: 415-391-6799

1275 Rollins Rd., Burlingame, CA 94010

DR. _____ PHONE _____

PATIENT _____ AGE _____

SEX _____

DR. _____ PHONE _____

PATIENT _____ AGE _____

SEX _____

PORC

ACRYLIC

PARTIAL

UPPER

LOWER

ESTHETI-CLASP

CUSTOM TRAY

UPPER

LOWER

Soft

Hard

Hard/Soft

Acrylic

DENTURES

UPPER

LOWER

CUSTOM TRAY

UPPER

LOWER

Shade

Mould

VALPLAST

LUCITONE

UPPER

LOWER

VALPLAST ONLY

NIGHT GUARD

UPPER

LOWER

Soft

Hard

Hard/Soft

Acrylic

CAPTEK

High Noble, Precious

High Noble Yellow

Noble, Semi-Precious

Non-Precious

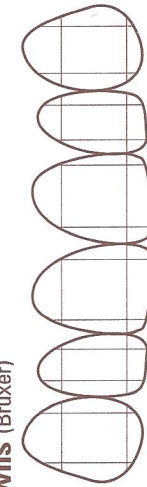
Metal Crown

GOLD Crown

OTHER

Shade

Prep. Shade

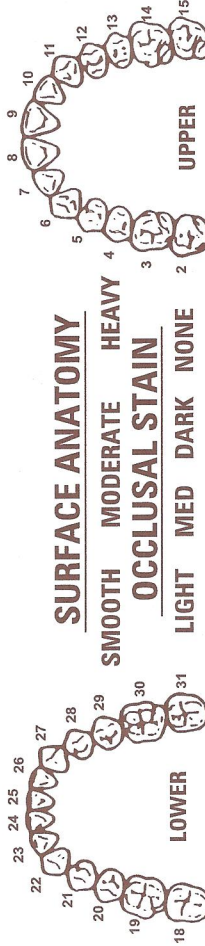


R_x PORCELAIN MARGINS METAL MARGINS METAL OCCLUSAL METAL LINGUALS

Mod RidgeLap RidgeLap Bullet Sanitary Hygienic Ovate



Fixed



SURFACE ANATOMY

SMOOTH MODERATE HEAVY

OCCLUSAL STAIN

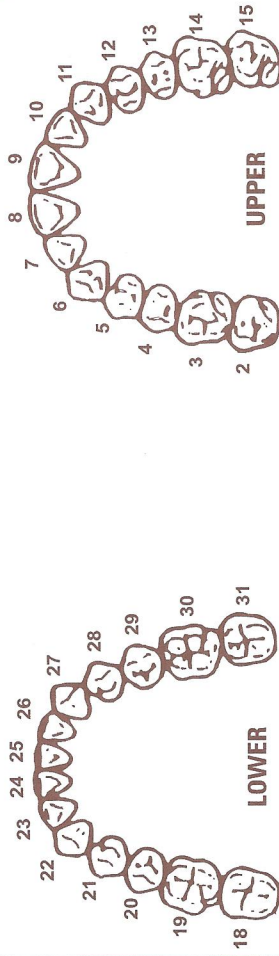
LIGHT MED DARK NONE

DIE TRIM METAL TRY-IN BISQUE TRY-IN FINISH

Signature of Dentist _____

Lic# _____

Removable



BITE BLOCK SET-UP FINISH

COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY THE CUSTOMER
TERMS NET 30 DAYS 2% SERVICE CHARGE OVER 30 DAYS