



1408 E. Main Street
Leesburg, FL 34748
352-250-3919

Partials, LLC

Rx



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Rx

Lab or Doctor's Name: _____

Patient's Name: _____

Male / Female Upper / Lower

Deliver case by 5PM on: _____

Return case for:

- Basic Frame Unilaterals 1 tooth 2 teeth
- Inner Bar Strengthener Inner Bar with Clasps
- Full Cast Base Repair Other _____

Instructions:

- Call Me
- _____

Items Included: Impression Model Bite Opposing
 Doctor Articulator Other _____

Lab Dentist's Signature _____

License # _____

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Male / Female Upper / Lower

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