



**LABORATORIES**

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**DAMAS FOR NORTH AMERICA**  
 DENTAL APPLIANCE MANUFACTURERS AUDIT SYSTEM  
 FDA COMPLIANCE & QUALITY MANAGEMENT SYSTEM



2310 MOTTMAN RD. S.W. | 1901 S. WASHINGTON | 750 NW CHARBONNEAU  
 TUMWATER, WA 98512 | TACOMA, WA 98407 | BEND, OR. 97703

CASE NO.  DELIVERY DATE (EOB)  TRY-IN DATE

TOOTH NUMBER(S)  SHADE

PRACTICE NAME  CITY  LIC. #

DOCTOR NAME  SIGNATURE

PATIENT  INTERNAL USE  DOCTOR CODE

By signing this Rx form, you agree to all of the terms and conditions listed in our Customer Agreement, which can be read in it's entirety at [www.ziemekdentallab.com](http://www.ziemekdentallab.com)

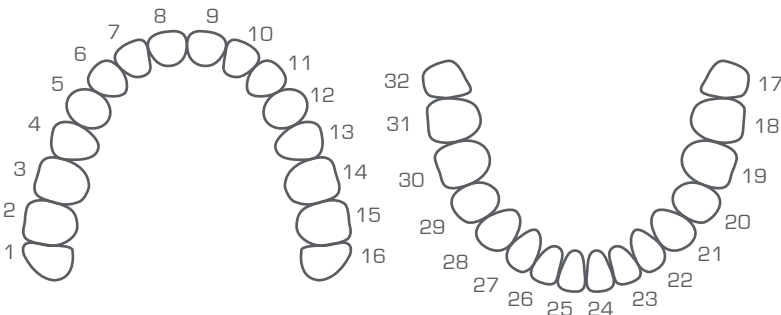
ADDITIONAL INSTRUCTIONS

REMOVABLE

IMPLANT TYPE

GENUINE PARTS

DIAMETER



FM4-43-001-04

PLEASE CHECK ONE

REMOVABLE PRODUCT

MO UT HGUARDS

CLEAR SPLINT  
NIGHTGUARD

PROCESSED  
NIGHTGUARD

TALON NIGHTGUARD

COMFORT H/S BITE  
SPLINT  
(VACUUM FORMED  
NO EXCURSIONS)

COMFORT HARD  
NIGHTGUARD

SPORTS GUARD -  
COLOR: \_\_\_\_\_

ORT HO APPLIANCE

CLEAR ORTHO RETAINER

HAWLEY RETAINER

BAND AND LOOP SPACE  
MAINTAINER

ESSEX APPLIANCE

BLEACH TRAY

DENTURE PRODUCTS

CUSTOM TRAY

BITE RIM

ACRYLIC FLIPPER

FLEXIBLE PARTIAL

PARTIAL FRAMEWORK

IMMEDIATE DENTURE

COMPLETE DENTURE

RELINE

IMPLANT PRODUCTS

SURGICAL GUIDE

HY BRID FRAME

OVER DENTURE

BAR

USE ESTABLISHED  
PREFERENCES