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



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

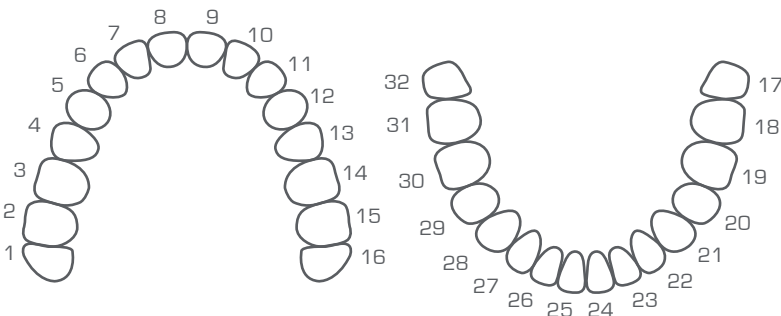
ADDITIONAL INSTRUCTIONS

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