REMOVABLE

ZIEMEK DENTAL LAB

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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

PLEASE CHECK ONE

☑ REMOVABLE PRODUCT

MOUTHGUARDS

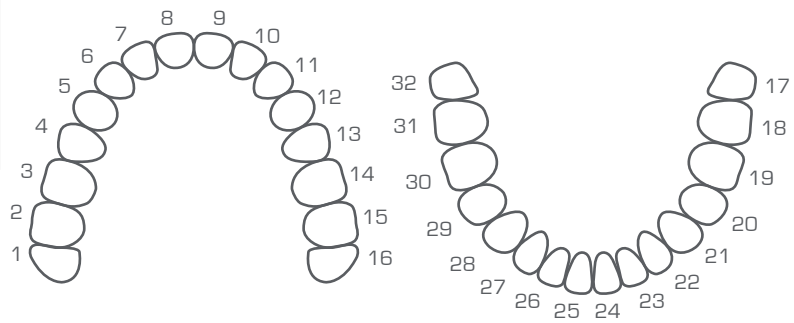
- ☐ CLEAR SPLINT NIGHTGUARD
- ☐ 3D PRINTED NIGHTGUARD
- ☐ COMFORT H/S BITE SPLINT (VACUUM FORMED NO EXCURSIONS)

ORTHO APPLIANCE

- ☐ CLEAR ORTHO RETAINER
- ☐ ESSEX APPLIANCE
- ☐ BLEACH TRAY

DENTURE PRODUCTS

- ☐ CUSTOM TRAY
- ☐ BITE RIM
- ☐ PRINTED FLIPPER
- ☐ TCS PARTIAL
- ☐ PARTIAL FRAMEWORK
- ☐ IMMEDIATE DENTURE
- ☐ COMPLETE DENTURE

IMPLANT PRODUCTS

- ☐ SURGICAL GUIDE
- ☐ OVER DENTURE