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RK Dental Arts, Inc - Rx Form

Date Prepared:	Due:	Instructions:	
(Please do	not schedule patient on due date)		
Doctor:			
Phone:			
Patient Name:			
Shade:Approx	Age: Male Female		
DATIENT FACE FORM	DESTODATION	7 8 9	
PATIENT FACE FORM	RESTORATION	- 6000011	
Square	Denture	4 4 3 4 3	
Square Tapering	Immediate Denture	3 (1)	
Square Ovoid	Flexible	2 (4)	
Tapering	Cast Partial		
Tapering Ovoid	Flipper (acrylic)	32 (2) (2) 17	
Ovoid	Heat & Seat Night Guard	31(1) (2)18	
Square Tapering Ovoid		30(3)	
PR	OCEDURE	28 🗭 21	
Model Work	Custom Tray	27 26 24 23 22	
Bite Registration	Wax Try-in	22	
Process	Visual		
Study Models	Survey	Signature:	License#:
Duplicate Model	<u> </u>		Ειστίσοπ.