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REMOVABLE RX

| | |
|------------------------------------|---|
| REPAIRS | <input type="checkbox"/> 1 or 2 Teeth or Fracture <input type="checkbox"/> Add 3+ Teeth <input type="checkbox"/> Add WW Clasp <input type="checkbox"/> Flexi Clasp <input type="checkbox"/> Reline |
| ACRYLIC FLIPPERS | <input type="checkbox"/> Flipper 1 Tooth <input type="checkbox"/> Flipper 2-4 Teeth <input type="checkbox"/> Add WW Clasps <input type="checkbox"/> Flexi Clasps |
| FLEXI PARTIALS | <input type="checkbox"/> TCS® Flexi 1 Tooth <input type="checkbox"/> TCS® Flexi 2-4 Teeth <input type="checkbox"/> TCS® Partial (5+ teeth) <i>TCS Shades:</i> <input type="checkbox"/> Std Pink* <input type="checkbox"/> Lt Pink <input type="checkbox"/> Lt/Dark Pink <input type="checkbox"/> Dark Pink |
| ACRYLIC DENTURES / PARTIALS | <input type="checkbox"/> Custom tray <input type="checkbox"/> Bite Block <input type="checkbox"/> Wax Setup <input type="checkbox"/> Reset <input type="checkbox"/> Lucitone 199® Finish <input type="checkbox"/> WW Clasps <input type="checkbox"/> Flexi Clasps <input type="checkbox"/> Mesh Reinforcement <input type="checkbox"/> Add Name in Denture <i>Lucitone 199® Shades:</i> <input type="checkbox"/> Original* <input type="checkbox"/> Light <input type="checkbox"/> Lt Reddish Pink <input type="checkbox"/> Lt/Dark <input type="checkbox"/> Dark |

| | | | |
|---|-------|------|-----|
| Doctor Name and Address | | | |
| | | | |
| Tel: | | | |
| Email*/Fax: | | | |
| <i>*For case tracking alerts</i> | | | |
| Patient: | | | |
| | First | Last | No. |
| Due By 5:00pm On: | | | |
| <input type="checkbox"/> Rush Same Day* <input type="checkbox"/> Rush Next Day* <i>*Additional Fees Apply</i> | | | |
| Please send: <input type="checkbox"/> Rx Forms <input type="checkbox"/> Bags | | | |

Rx

TEETH SHADE: _____

Signature: _____ Date: _____ Lic # _____

Client agrees to be bound by terms and conditions and remake policy as listed on www.streamlinedental.com. Terms: Net 30 days or as stated on invoice. 2% service charge on past due balance. ©2019 Streamline Dental