



SCRIMP SHIRE

DENTAL STUDIO



P.O. BOX 1107 - HUNTSVILLE, AL 35807

Local: 256-533-5120 Toll Free: 1-800-633-2912 Fax: 256-533-9719

Doctors Name, Address, Phone

Please Print:

Patient: _____

Shade: _____

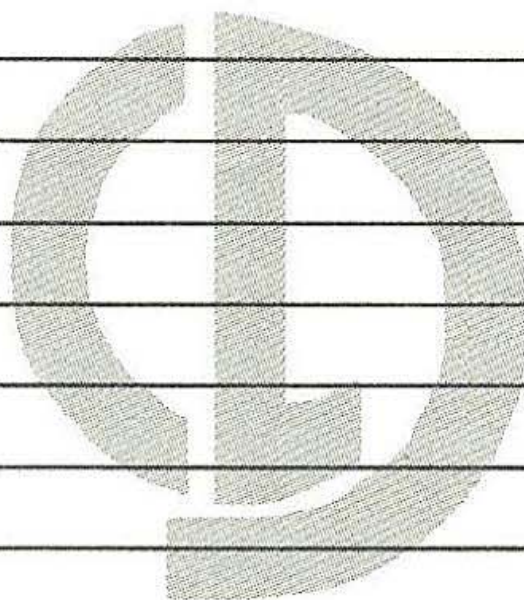
Age: _____ Sex: _____

Please Rubber Stamp

C & B Alloy: Base _____ Noble _____ High Noble White _____ High Noble Yellow _____

Removable: Denture _____ Partial _____ Partial _____ Partial _____
Full _____ Cast _____ Acrylic _____ Valplast _____ Upper _____
Lower _____

R



Has this case been disinfected? Yes No

Signature: _____ Date Sent: _____ Due Date: _____

License No.: _____

TRYIN _____ FINISH _____
GUIDE _____
MOULD _____
TYPE TEETH _____

Please Send:

- Rx Pad:
- Shipping Labels:
- Mailing Boxes:

