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www.finn-dent.com

**OFFICE**

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**DR**

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**PATIENT**

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**DATE**

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**DELIVERY DATE**

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**NOTES**

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CALL DR.

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**REMOVABLE**

- FD Standard Denture
- Metal Substructure
- Premium Teeth
- FD Cast Partial
- Premium Teeth
- FD DuraFlex
- Premium Teeth
- FD Acrylic Partial

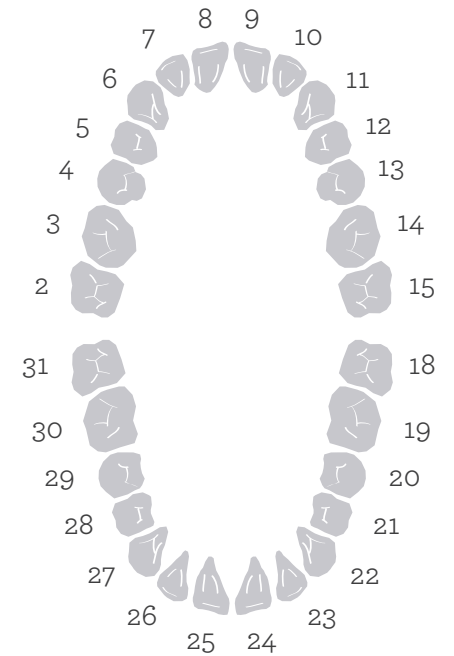
**NIGHTGUARDS**

- Hard/Soft
- Hard
- Soft
- Retainer

**FIXED**

- e.max
- Zirconia

<b>SHADE</b>	<b>MOLD</b>	
<input type="text"/>	<input type="text"/>	
<b>GINGIVA SHADE</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
DK	LT	CLR
<b>GENDER</b>		<b>AGE</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
M	F	



X SIGNATURE \_\_\_\_\_

LIC # \_\_\_\_\_