



GEORGIA HIGH TECH DENTAL LAB

Denture

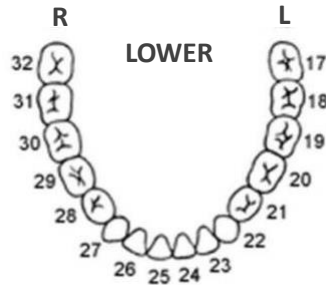
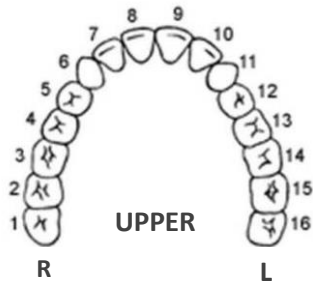
1760 Spectrum Drive. Unit 107, Lawrenceville, GA 30043

Tel. 678) 226 9966 Email.ghtdl03@gmail.com

Denture Prescriptions

Date _____ Case No. _____
Patient _____
Shade _____

TRY IN: _____ FINISH: _____



DESCRIPTION OF WORK

check the work needed and circle option

Denture

- Full Denture (Acrylicton)
- All Acrylic Partial
- Partial Denture (Include Framework)
- Immediate Denture
- Valplast Partial (Resin NF)
- Flipper
- Nesbitt
- Other

↳ Instruction:

REQUEST RETURN DATE:



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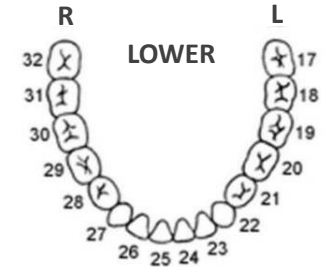
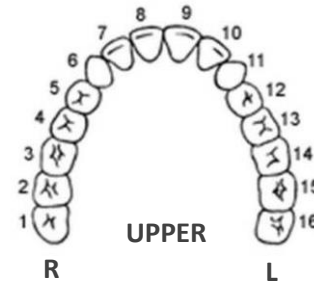
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