



CDT
Concorde Dental Technician

FDA
Products



RX Number _____

Dental Design Removable



Dr. Name: _____ Dr. Phone: _____

Address: _____ City: _____ Zip Code: _____

Please make sure that the due date is 1-2 days before Pt's appointment date.

Preparation Date: ____ / ____ / ____ Delivery Date: ____ / ____ / ____

Patient Name: _____ Age: _____

REMOVABLE

- ☐ Full Denture
- ☐ Framework
- ☐ Valplast
- ☐ Valplast Frame Combo

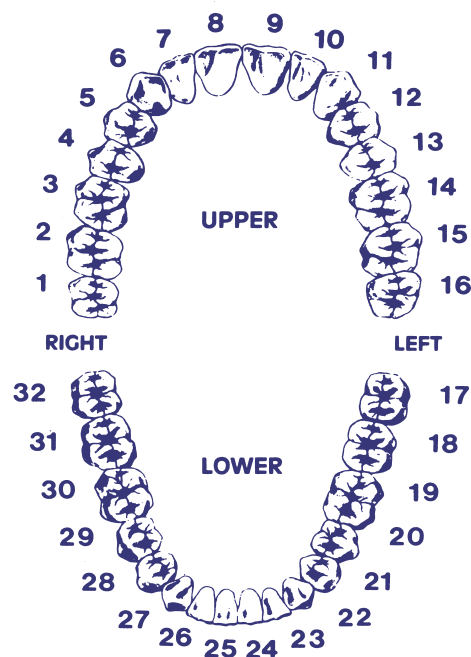
- ☐ Stayplate / Flipper
- ☐ Space Maintainer
- ☐ Retainer
- ☐ Custom Tray

- ☐ Repairs
- ☐ Hard Reline
- ☐ Soft Reline

Tooth Shade: _____

Acrylic Shade: _____

- ☐ Try-in
- ☐ Try-in w/teeth
- ☐ Finish



please print legibly so we can understand your case better.

Rx

Dr. Signature: _____ DDS License# _____

Signature is acceptant of sole responsibility for payment and agrees to pay all legal costs in the event of a suit, including reasonable attorney fees. San Diego Dental Design. requires that each case be accompanied by a lab slip - this is considered a binding work order and is subject to all stated terms and conditions.