AdVantage DENTAL LABORATORY

1702 N. Collins Blvd.
Suite 260,
Richardson, TX 75080

Tel: 972.707.8040
info@advdp.com

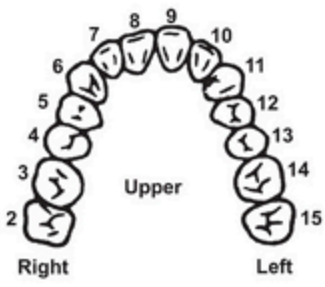
Due Date _____
Case will be delivered between
8:00 - 5:00 on date required.

Doctor: _____ Phone #: _____

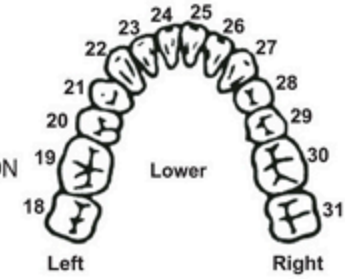
Dental Clinic: _____

Patient's Name: _____ Age: _____ DOB: _____

Shade: _____ ☐ M ☐ F



- ☐ ALL ON 4 / IMPLANT / OVER DENTURE
- ☐ **METAL** PARTIAL
- ☐ **ACRYLIC** PARTIALS
- ☐ **VALPLAST** / **FLEXIBLE** PARTIAL
- ☐ **VALPLAST** / **CAST** PARTIAL COMBINATION
- ☐ FLEXIBLE CLEAR CLASP
- ☐ NIGHT GUARD / HARD / HARD & SOFT / THERMOGUARD



☐ **DENTURES**
- ☐ UPPER
- ☐ LOWER

- ☐ Reline
- ☐ Custom Tray
- ☐ Add Tooth
- ☐ Repair
- ☐ ReBase
- ☐ Surgical Tray

☐ **PARTIALS**
- ☐ UPPER
- ☐ LOWER

☐ Please mark denture for ID purposes as: ☐ Please exclude identification

☐ Try In Framework ☐ Try In Bite Block ☐ Try In Teeth ☐ Finish

Date: _____ License No. _____

Signature: _____

SEND MORE
☐ Rx's
☐ Boxes

Net amount of invoice is due within 10 days of order's reception, all balance beyond 30 days are subject to a daily finance charge of 10%. I agree to pay reasonable attorneys fees and collection costs if this account is referred to collection.