



KENN DENTAL LABORATORIES

1400 Jefferson St., Nashville, TN 37217

Tel : (615) 606-8850

E-mail : kenndentallab@gmail.com

Rx Date :

Date Due in Office :

(Deliver By 5PM)

Doctor's Name _____ (Please Print)

Doctor's Address _____

M

F

Patient's Name _____

Sex

Age _____

REMOVABLE RESTORATIONS (Please)

Dentures

- Custom Tray
- Base Plate/Wax Rim
- Combo Tray w/ Wax Rim
- Full Upper Denture
- Full Lower Denture
- Immediate Denture
- Denture Set-Up
- Denture Finish

Metal Partials

- Cast Partial
- Frame Try-In
- Wax Try-In with Teeth
- Bite Block
- Finish

Specialty Partials

- Acrylic Partial Flipper
- Acrylic Partial w/ Clasp

Shade

- Acrylic** Light Pink
 Meharry

Tooth Shade _____

Repairs / Relines

Relines

- Hard Soft

Repairs

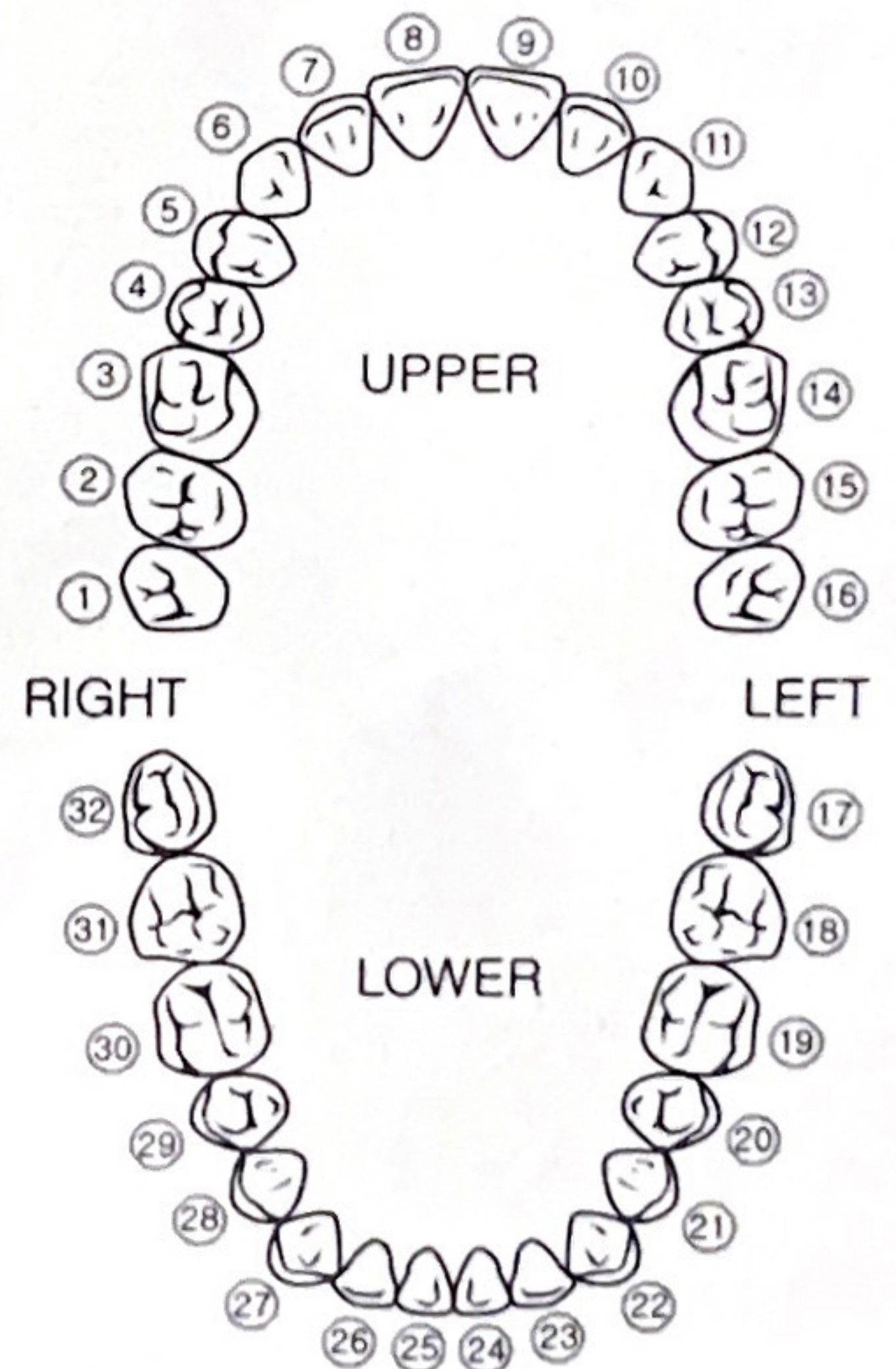
- Tooth Fractures
- Clasp

Flexible Partials

- TCS iFlex
- Set-Up / Try-In
- Finish

Specialty Products

- Hard Clear Nightguard
- ProForm Nightguard
- Bleaching Tray



Rx SPECIFIC INSTRUCTIONS :

Doctor's Signature _____ Lic. # _____