reative Photos Email: and restorations

12830 Murphy Road Stafford, TX 77477 Phone: (281) 242-8840 Fax: (281) 242-8692

Fax: (281) 242-8692 Email: andrew@creativerestorations.org Please Allow:

2 Days for Set-ups, Resets, Processing

1 Day for Repairs, Relines, Rebases, Bite Rims, Custom Trays

10 Business Days for Framework fabrication

			se Call For Rush Cases
Dr			Due Date is 1 day prior to the
Patient:			appointment date.
Date Sent:	_ Due Date: _		
Age: Male or Female Oviod Square Tappering	Partials ☐ Flexite ☐ All Acrylic ☐ Metal Framework	Partials Immediate Dentures Flexite Upper All Acrylic Lower Metal Framework w/ Acrylic Metal Framework w/ Acrylic	
□ Customs Trays □ Bite Rims □ Set Teeth □ Process & Finish	Tooth Type Economy Premium (Costs Extra)	Acrylic Shade Mild Moderate Heavy L-199	Tooth Shade
Teeth Extracted:			
UPPER W	(F)	OWER E	Please Include All Study Models and Bites
Place Cas	LEFT se Design Here	RIGHT	
Additional Instructions:			
Doctor's Signature:		Lienner	*
Doctor's Signature: Terms of Service: Payment is	due by the 20th of the m	License #: nth. A 1.5 % service charge will be assessed to	

Terms of Service: Payment is due by the 20th of the month. A 1.5 % service charge will be assessed to accounts unpaid after 30 days. The customer will be responsible for the cost of collection of their past due balance. Remake cases must include all original model work and prosthesis; the prescription must not be different form the original (shade and teeth must be the same etc.) otherwise the case can be charged as new. Creative Restorations is not responsible for "no show" patients.