



5% of your total lab cost will be donated to the Interfaith Dental clinic by Rogers Dental Lab*



2407 Denso Drive
Athens, TN 37303
Ph (423) 745-7115
Fax (423) 746-0283
Toll Free (800) 278-6046

REMOVABLE RESTORATION PRESCRIPTION

Dr. _____ Date Sent _____

Name and/or Number of Patient _____

Type of Case _____ Age _____ Sex _____

Try-In Due _____ Date _____ Time _____

Finished Case Due _____ Date _____ Time _____

Special Instructions _____

SHADE _____

DENTURES

- Drs. Choice / premium
- Value Plus / economy
- Surgical Kit - incl.
surgical + premium

Please Send

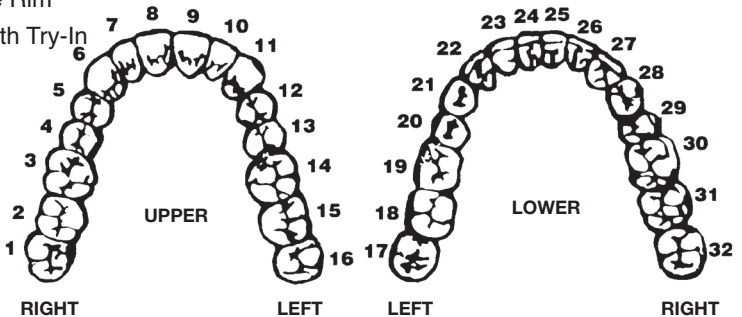
- Rx Pad
- Shipping Labels
- Mailing Boxes

CAST PARTIALS

- Vitallium / premium
- Vitallium / Flex combo
- Frame Try-In
- Frame With Bite Rim
- Frame With Tooth Try-In
- Finish

FLEXIBLE/ACRYLIC PARTIALS

- TCS Flex Partial
- Acrylic Partial
- Transitional Partial
- Wrought Wires



Dr. Signature _____ License # _____

Has this case been disinfected? Yes No Email: info@rogersfamilylab.com

*excludes implant parts

*contribution will be distributed to Interfaith Dental Clinic on the 15th of the preceding month