Doctor's Account #				rimex Laboratory LLC Dental lab Your priority is our prime!		
Patient — Fi	rst name	Last name		our priority l	(C)	Nameda Ave, Burbank, CA 91502
Date Due In Office by		by 5 p m		info@primexdentallabs.com		
D					& (818)2	281-7449
Ŗ	REMOVA	BLE - SPECIFIC INSTRUCTIONS		SELECT TYPE:		SELECT STAGE
TISSUE SHADE:	TOOTH #: SHADE: IMMEDIATES Extract All Extract tooth # Upgrade to Premium Teeth	R L 27	L 17 18 19 20 20 21 22 22 21 22 22 21 21	Full Denture Partial Unilateral FLEXIBLE PARTIALS All Flexible COMPO PARTIALS		Complete (one stage) Frame Try-in Wax Try-in w/Teeth Final Process Wax Bite Rim Custom Tray DENTURES High Impact Denture Premium Ultra High Impact Denture
	Upper Standard unless specified		Lower	COMBO PARTIALS Flexible (with cast metal) ACRYLIC PARTIALS Flipper (1 Tooth) Sayplate (2-5 Teeth) Stayplate(6 + Teeth)		Over Implant Denture
						Over Implant Bar Denture Hybrid Implant Denture NIGHT GUARDS Hard Soft Hard/Soft Hard/Soft+
				CLASP DESIGN: MAJOR CONNECTOR:		SPORTS GUARD
				Lab Select	MAJOR CONNECTOR: Lab Select Horseshoe Palatal Strap	Pro-Form Sports Guard
				☐ I-Bar/RPI ☐ Akers/C-	 Full Palatal Bar Full Palate Lingual Bar Lingual Plate 	 Retainer (sock down) Essex Retainer With Tooth* Bleach Tray Repair Rebase Reline Hard Reline Soft
				CASE MATERIALS ENCLOSED:		
				Impressions	Bite Registration	Models Implant Parts
Signature D.D.S. Lic. #			_	REDO: Yes	□ No JCT ENCLOSED: □ Yes	s 🗌 No

By the person's submission of this form to Primex Laboratory LLC dentist/person agrees to all terms and conditions as specified below.

Terms & conditions: Payment for all statements must be made in full by the 10th day of each month. The statement date corresponds to the last working day of every month. Failure to adhere to the specified payment terms will result in a 2% finance

charge per month, or 24% per annum, on any outstanding balances. Additionally, the account will be placed on a Cash on Delivery (C.O.D.) basis.