ONLY DENT SERVICES

Mayagüez, PR
787-831-4444 /4545
onlydentpr1@gmail.com

DENTIST NAME: _____ DATE: _____

PATIENT NAME: _____ AGE: _____

CROWN & BRIDGES

- ☐ PFM-NP
- ☐ PFM-SP
- ☐ ZIRCONIA LAYERED
- ☐ ZIRCONIA FULL CONTOUR
- ☐ EMPRESS
- ☐ FULL METAL
- ☐ E-MAX
- ☐ TEMPORARY

REMOVABLES

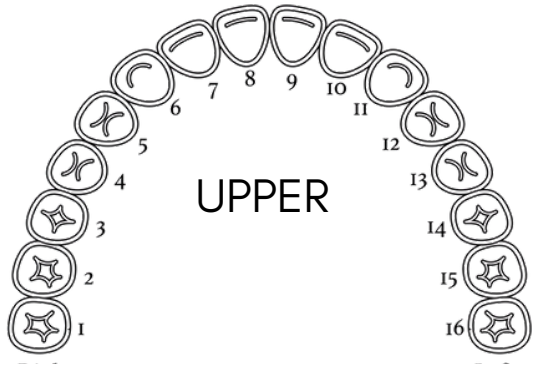
- ☐ FULL DENTURE
- ☐ PARTIAL DENTURE
- ☐ METAL FRAME
- ☐ VALPLAST
- ☐ ACRYLIC PARTIAL
- ☐ ALL METAL

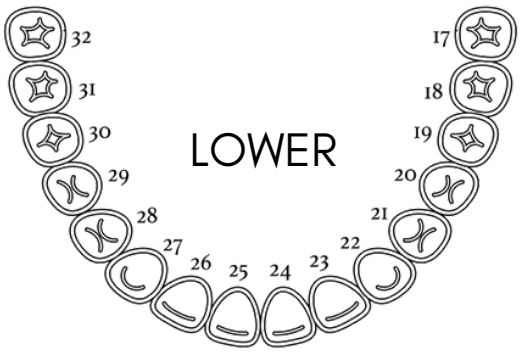
OTHERS

- ☐ BITE BLOCK
- ☐ CUSTOM TRAY
- ☐ NIGHT GUARD
- ☐ BLEACHING TRAY
- ☐ RETAINER

TOOTH NUMBER (S)

SHADE: _____





SPECIAL INSTRUCTIONS

SIGNATURE: _____ LICENSE NO: _____