

Bonifate DENTAL LAB

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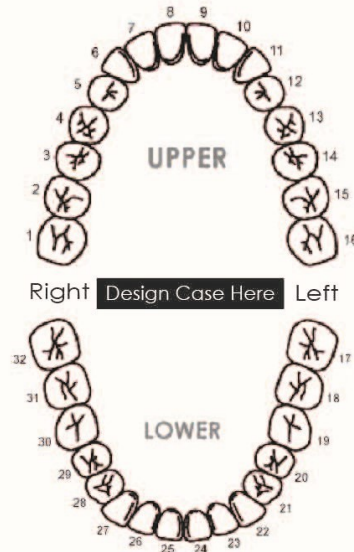
Doctor _____ Phone # _____

Patient _____ Age _____ M
First / Last F

Today's Date _____ Due Date _____
By 4:00 PM

Dentures		Partials	
<input type="checkbox"/> Economy - smooth finish, no festooning		<input type="checkbox"/> Acrylic Partial	<input type="checkbox"/> Cast Partial
<input type="checkbox"/> Standard - smooth finish, lite festooning		<input type="checkbox"/> Flexible Partial	<input type="checkbox"/> Cast Nesbit
<input type="checkbox"/> Premium - stippled finish, full festooning		<input type="checkbox"/> Flexible Nesbit	
Teeth	<input type="checkbox"/> Bite Rim	<input type="checkbox"/> Hard Reline	Shade _____ Mould _____
<input type="checkbox"/> Premium	<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Soft Reline	
<input type="checkbox"/> Standard	<input type="checkbox"/> Set-Up	<input type="checkbox"/> Repair / Add Teeth	
<input type="checkbox"/> Economy	<input type="checkbox"/> Finish	<input type="checkbox"/> Nightguard	

Rx



- Call About This Case
- Send Rx Forms
- Send Boxes

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Signature _____ License No. _____