



# Removables RX

Toll Free 877-490-5533  
Local 210-490-5533  
Fax 210-521-2997

www.mascolaesthetics.com  
6246 Ingram Rd.  
San Antonio, Texas 78238

Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Call Doctor

City \_\_\_\_\_ State  Zip Code \_\_\_\_\_

Patient: \_\_\_\_\_ Gender:  Age: \_\_\_\_\_

Due Date:

### Setup

- Ideal  Try-in  Finish  Reset

### Tooth/Tissue Shade

Shade Guide Name # \_\_\_\_\_

- Tissue Shade  Light Pink  Pink  Ethnic  
Photo  Attached  E-Mailed

### Dentures

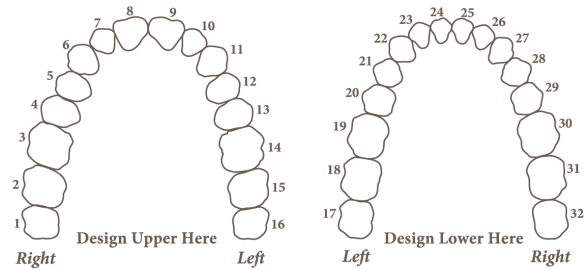
- Immed. / Trans Denture  
 Economy Denture (w/ house teeth)  
 Deluxe Denture (w/ premium teeth)

### Partials

- Acrylic Partial  
 Velpast Complete  
 Metal Framepartial Complete  
 Metal Framework Only

### Denture Items

- Hard Reline  
 Soft Reline  
 Bite Blocks  
 Custom Tray



### Instructions

Doctor please keep a copy for your records.

### Signature

\_\_\_\_\_

License #: \_\_\_\_\_

State

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal and collections costs in the event of suit, including reasonable fees and finance costs. Invoices not paid within 30 days of statement are subject to a service charge of 1.5% per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on C.O.D. basis. This contract performable in Bexar County, TX. In the event of a dispute, the parties agree that the venue be Bexar County.