



Aesthetic Oral Arts Denture Services

1106 W. Park Street., Suite 10
Livingston, MT 59047
(406) 222-5944

office@aolabs.com

www.aolabs.com

Dr. _____ Date Sent: _____

Address: _____ Phone: _____

Due date/time: _____

Patient: _____ Age: _____

Premium Injected Denture Economy Denture

Standard Hand Packed Denture

Teeth Shade _____ Mold _____ Brand _____

Reline *hard or soft*

Repair

Flipper (*1-3 units only*)

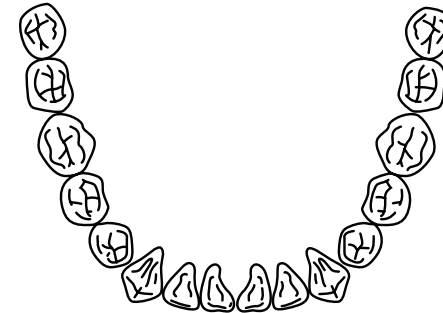
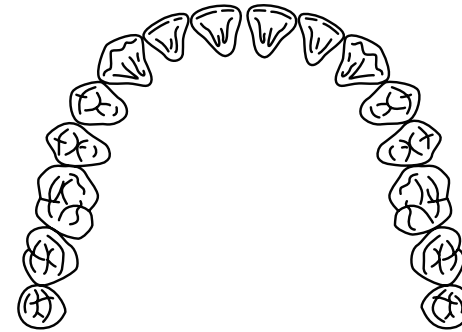
Re-base

Custom Tray

Bleaching Tray

Other _____

Please Note: Same day *hard* relines need to be picked up by 9am and will be delivered back at 4:30pm.



R

X

SIGNATURE OF DENTIST

#

DENTIST LICENSE NO.

The person signing this authorization accepts sole responsibility for full payment, all legal fees and collection costs, and agrees that jurisdiction and venue of any collection matter shall be in Park County, MT.