

Partial Rx

Date Sent / / Date Due / /

DOCTOR _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

PATIENT _____ SEX _____ AGE _____

- METAL Chrome Cobalt Frame
- Vitallium Frame
- Flexible Metal Frame/Combo

- METAL FREE DuraFlex
- DurAcetal
- Solvay

- Frame Only Frame w/Rim
- Frame w/Teeth Try-in Frame w/Teeth Finish

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CASE INSTRUCTIONS

