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Accounting: request@miracledental.biz
miracledentallab.com

Main 281-580-6988
Toll Free 1-877-843-1533
Fax 1-866-891-5551

Due Date _____
Case will be delivered between
8-5 on date required.

Rx Date: _____

Doctor's Name: _____

Address: _____

City, State, Zip: _____

Patient's Name: _____

Call Me Phone: _____



E-Mail: _____

Gender: Male / Female **D.O.B.:** _____

Case Type ☐ Hybrid ☐ Implant ☐ Framework
☐ Denture ☐ Partial ☐ Reline/Repair ☐ Other

Rx

DID YOU INCLUDE:

- ☐ Opposing Model ☐ Impression
☐ Bite ☐ Pictures
☐ Study Model ☐ Shade

Signature: _____ **Lic. #:** _____

☐ Digital Scan Sent: support@miracledentallab.com

☐ Email Photos: info@miracledental.biz

Please Send: ☐ Boxes ☐ Rx Pads

Payment Responsibility and Terms:
By signing this prescription, you acknowledge and agree that you are responsible for the payment of all charges associated with the services rendered. All invoices must be paid by the 15th of the month, and any unpaid balance after 30 days will be subject to a late fee of 1.8% interest rate. If the account remains unpaid beyond 30 days, you agree to be responsible for all costs of collection, including but not limited to attorney's fees, court costs, and other expenses incurred to recover the outstanding balance. Please retain a copy of this document for your records.

Removables

A P P L I A N C E
☐ Immediate Denture
☐ Denture
☐ Flipper
☐ Acrylic Partial
☐ ESSIX

S H A D E	Ant: _____
	Post: _____

☐ UPPER ☐ LOWER

O C C L U S I O N
☐ Full Function
☐ Lingualized
☐ Flat Plane
☐ Other

☐ Economy ☐ Premium

A C R Y L I C
☐ 199
☐ Ethnic
☐ 1
☐ 2
☐ Other _____

S P E C I A L T Y
☐ Valplast
☐ Vaplast / Cast
☐ Inject
☐ Valplast Clear

T O O T H T Y P E
☐ Ivoclar
☐ Vita Economy
☐ Vita Premium
☐ Mondial
☐ Economy
☐ Other

☐ Occlusal Rims

☐ Teeth in Wax

☐ Finish
☐ Try-In

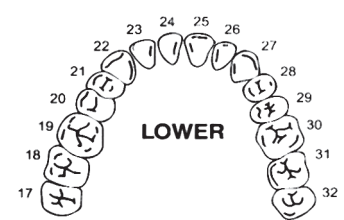
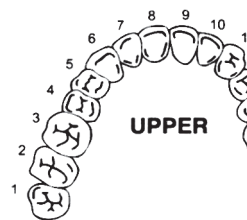
Framework

☐ UPPER ☐ LOWER

U P P E R
☐ Horseshoe palate
☐ Ant/Post Strap
☐ Palatal Strap
☐ Lab Select

L O W E R
☐ Lingual Plate
☐ Lingual Bar
☐ Lab Select

R E T U R N
☐ Design Only
☐ Framework Only
☐ Teeth in Wax
☐ Frame/Biteblock
☐ Partial Finished



N G U A R D S
☐ Hard
☐ Soft
☐ Hard/Soft
☐ Ball Clasps
☐ Printed

S U R G I C A L
☐ Omnivac
☐ Hard Acrylic
☐ Pilot Hole
☐ Metal Guidesleeve
☐ All on Four

O V E R T U R E S
☐ Locator
☐ ERA
☐ OSO
☐ Hader
☐ Bar
☐ Novaloc
☐ Locator Fixed
☐ OD Secure

H Y B R I D S
☐ Photogrammetry
☐ Titanium
☐ Zirconia
☐ Montreal
☐ Metal Lingual
☐ PMMA
☐ All On X Printed

Implant Type: _____

Implant Size: _____