



Pfisterer-Auderer Dental Laboratory

3100 27th Street • Metairie, Louisiana 70002
 (504) 837-6622 • 1-800-288-8910
 FAX (504) 828-9352

DOCTOR _____ DATE _____

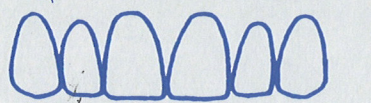
ADDRESS _____

CITY, STATE & ZIP _____

TELEPHONE # _____

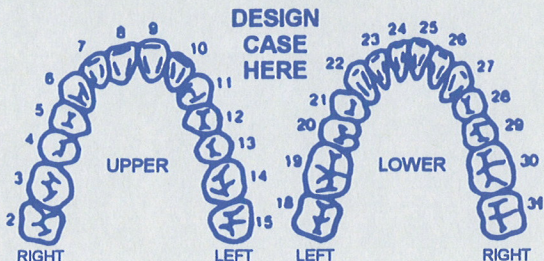
PATIENT NAME _____ DATE REQUIRED IN OFFICE _____

R	SEX	PERSONALITY	AGE
	<input type="checkbox"/> Male	<input type="checkbox"/> Delicate	<input type="checkbox"/> Young
	<input type="checkbox"/> Soft Type	<input type="checkbox"/> Medium	<input type="checkbox"/> Mid-Age
	<input type="checkbox"/> Hard Type	<input type="checkbox"/> Vigorous	<input type="checkbox"/> Old
	<input type="checkbox"/> Female		
	<input type="checkbox"/> Soft Type		
	<input type="checkbox"/> Hard Type		



SHADE _____ GUIDE _____

MOLD _____



A FINANCE CHARGE of 1 1/2% per month or an ANNUAL PERCENTAGE RATE of 18% per year is charged on past due accounts, net 30 days, plus collection costs, and attorney fees.

Signature _____ License No. _____