MINNESOTA ℞ FORM

TO

TRACHSEL DENTAL STUDIO, INC.
1834 15th STREET N.W.
P.O. BOX 6598
ROCHESTER, MINNESOTA 55903-6598
PHONE 507/288-2362

DOCTOR ____________________
ADDRESS ____________________
CITY & STATE ____________________
Patient's Name ____________________
Date Sent

Full Denture	Partial Denture

Pan. No. ____________________
Return Doctors ____________________
Tracers ____________________
Tray ____________________
Articulator ____________________
Shade Guide ____________________
Towels ____________________

SHADE	MAIL MON.	MAIL TUES.	MAIL WED.	MAIL THURS.	MAIL FRI.
☐ TAB SENT ☐ TAB NOT SENT					

TRIAL ☐

FINISH ☐

Dr. Please Complete ➧

Male ☐ Female ☐

Vigorous ☐ Medium ☐ Soft ☐

AGE ☐

Full Upper	
Full Lower	
Partial Upper (please draw design) →	
Partial Lower (please draw design) →	
Surgical Tray	
Bite Blocks	
Jump or Duplicate	
Reline	
Repair	
Post Dam L ☐ M ☐ H ☐	
Relief L ☐ M ☐ H ☐	

Please mark this denture for identification as follows:

Name ____________________
S.S. # ____________________

TEETH

Plastic ☐ Porcelain ☐

MOLD	Upper	Lower
Anterior	____	____
Posterior	____	____

MATERIALS

LUCITONE

199 .... ☐
Ivocap .... ☐
Characterized Lucitone ..... ☐
Plain .... ☐
Other ____________________
Other ____________________

PARTIALS

Cast Chrome ____________________ Wrought Gold ____________________

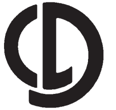
Cast Gold ____________________ Wrought Chrome ____________________

DESIGN INLAY

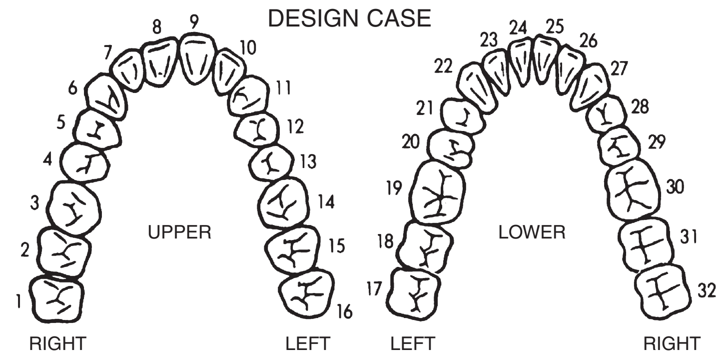
Please Send

Rx Forms [ ] Mailing Labels [ ] Mailing Boxes [ ]

Additional Instructions



CERTIFIED DENTAL LABORATORY



OUR TERMS: Net fifteenth of the month following date of statement. Invoices 30 DAYS OR MORE PAST DUE will be subject to a finance charge of one and one-half percent (1.50%) per month. This is an ANNUAL PERCENTAGE RATE OF 18%. $.50 Minimum charge. All charges over 60 days will be sent C.O.D.

Signature ____________________ D.D.S. License No. ____________________

DOCTOR PLEASE RETAIN DUPLICATE COPY

CPI-53103

FOR DENTAL STUDIO USE ONLY

QTY.	DESCRIPTION	CHARGE
	Model	
	Mount on Articulator	
	Bite Blocks	
	Set up	
	Teeth	
	Surgical Tray	
	Impression Tray	
	Mouth Guard	
	Duplicate Denture	
	Mount Tracer	
	Bite Opener	
	Inlays	
	Finish	
	Reline	
	Soft Liner Reline	
	Jump or Rebase	
	Solder	
	Repair	
	Cast Chrome	
	Refractory Model	

N
TRACHSEL
DENTAL STUDIO
1834 15th ST. N.W.
PLEASE USE
NORTH ENTRANCE
U.S. 14
U.S. 52
Post Office
VALLEY HIGH DRIVE
19th AVE N W
2nd STREET S W
7th STREET N W
14th STREET N W
15th STREET N W
19th STREET N W
Frontage Road
2nd ST. EXIT
19th ST NW EXIT
Miracle Mile
7th ST N W
14th ST N W
Hillcrest Shopping Center
11th AVE N W

TECHNICIAN'S COMMENTS