

**DENTAL PROFESSIONALS ON WHITESBURG**  
**8315 Whitesburg Drive, S**  
**Huntsville, AL 35802**  
**256-883-6770**

**DENTAL APPROVAL**

This is to acknowledge that I am approving the appearance of my dentures and/or fixed teeth in shape, size, shade, and contour. I am aware that any changes that I require must be made at this time. Any changes following the completion of these dentures and/or fixed teeth will require an additional fee.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Date