

# Mid Mich Denture Repair - Intake Form

Client Name:	
Phone Number:	
Address:	
Date:	
Type of Denture (Upper/Lower/Both):	
Describe Issue / Break:	
Time of Break:	
Any Prior Repairs:	
Allergies or Sensitivities:	
Preferred Contact Method:	

**Consent & Liability Acknowledgment:**

I authorize Mid Mich Denture Repair to perform denture repair services. I understand this is a repair service only, not a replacement or diagnosis. I acknowledge repaired dentures may differ from original thickness or shade. I release the technician from liability regarding repaired denture performance.

Client Signature:	
Technician:	
Date:	