

LABORATORY PROCEDURE AUTHORIZATION



Lab Licence #:
DL11564

DR. : _____ Date _____

ADDRESS: _____

PATIENT _____ SHADE _____

MOULD _____ TYPE OF CASE : _____

Finish : _____ Try-In: _____



COMPLETE DESCRIPTION

Additional Instructions on reverse side : Yes ___ No ___

Male: ___ Female ___

Dentist's
Signature: _____ License No: _____

Dream, Design, Develop RX #