



LAB USE ONLY

125-B Oakmont Drive, Greenville, NC 27858

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Work Order No.: _____ Date: _____

Dr.: _____

Address: _____

City: _____ State: _____ Zip: _____

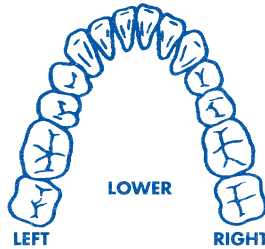
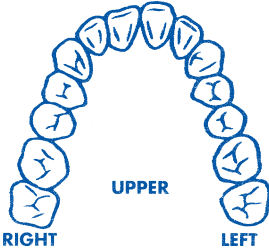
Patients Name or Identification No.: _____

Type of Restoration: _____

Date Wanted: Try-In: _____ Finish: _____

(Construct and deliver to the undersigned only the Herein Described Dental Restoration.)

Tooth Shade/Brand _____ Tissue Shade _____



Acrylic:

Upper Lower

TCS / Valplast:

Upper Lower

Cast Framework:

Upper Lower

Advantage Line

Crown and Bridge

Instructions:

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Signature of Dentist

Dentist License Number