



# LAKEVIEW DENTAL LAB

181 N. 1200 E. • LEHI, UT 84043 • (801) 341-5801

DR. \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_ PATIENT \_\_\_\_\_

CITY \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

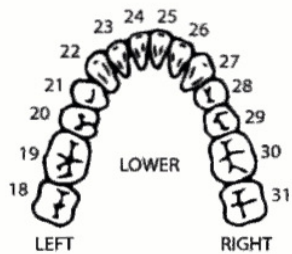
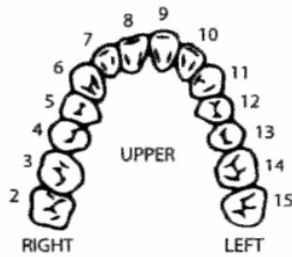
STATE \_\_\_\_\_ DUE \_\_\_\_\_ AT \_\_\_\_\_

PHONE \_\_\_\_\_ TRY IN \_\_\_\_\_ FINISH \_\_\_\_\_

SHADE \_\_\_\_\_

TOOTH # \_\_\_\_\_

MATERIAL \_\_\_\_\_



STAINING INSTRUCTIONS



INSTRUCTIONS \_\_\_\_\_

DRS. SIGNATURE \_\_\_\_\_ LICENSE NO \_\_\_\_\_

TERMS ARE NET 10 DAYS FROM STATEMENT DATE



FORM 140300 N/03/07 ITEM 8101