Horizon Dental Laboratory

LABORATORY PRESCRIPTION

DENTIST _____ CASE _____

CLINIC _____ TEETH _____

PATIENT _____ SHADE _____

BITE REGISTRATION _____ SPECIAL TRAYS _____

Date/Time _____ Date/Time _____

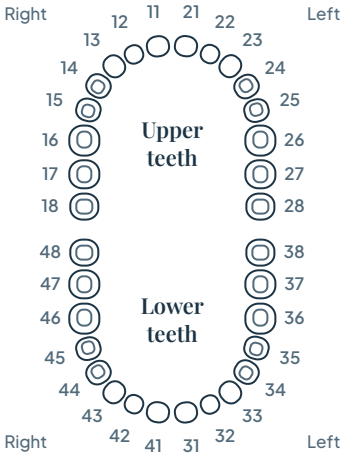
TRY-IN _____ RETRY _____

Date/Time _____ Date/Time _____

FINISH _____ OTHER CASE _____

Date/Time _____ Date/Time _____

Additional Instructions



*Please allow 7 days in our laboratory (Not Including shipping time).
*For Priority Turnaround lab time, you must contact the laboratory before sending work.
*Time frame for Chrome work: please contact the laboratory.
*For more Laboratory Prescription Forms, Go to our website Contact page.

Unit 2 / 80 Onkaparinga Valley Rd, Woodside S.A. 5244 Phone: 0421 457 064
Email: admin@horizonprolaboratories.com.au Website: horizonprolaboratories.com.au

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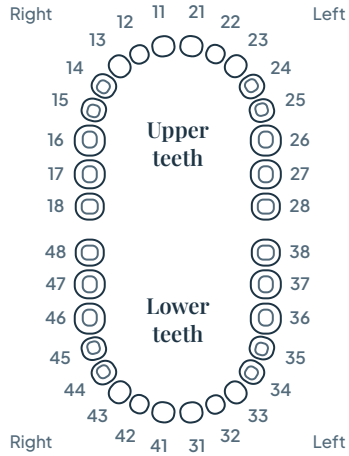
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