DW DENTAL LABORATORY

2715 W. NORTHERN AVE. #103
PHOENIX, AZ 85051
TEL : (602) 973-2166 • FAX : (602) 973-7673

DR. NAME _____

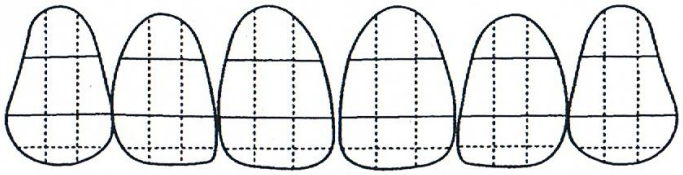
ADDRESS _____

PATIENT NAME _____

SHADE _____

DUE DATE _____

INSTRUCTIONS :



Rx

DR. SIGNATURE _____ LIC. # _____

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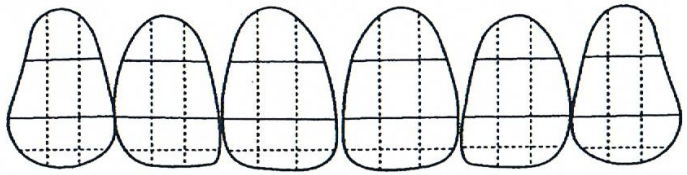

Rx

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