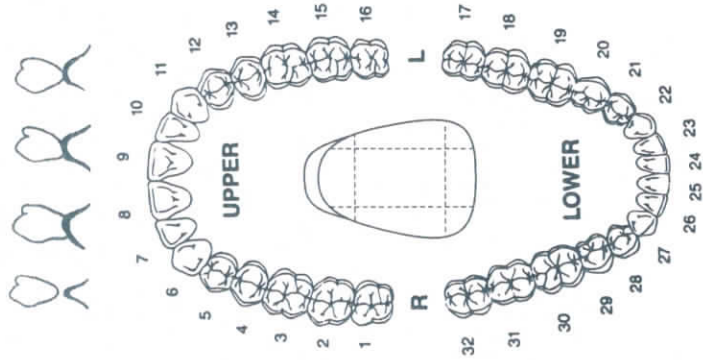


PLEASE FOLD THIS SIDE BEHIND ORIGINAL TO CREATE DOCTOR'S COPY

FROM DR.		PATIENT'S APPOINTMENT AND TIME:	
ADDRESS		SHADE:	
CITY	STATE	ZIP	
PHONE	LICENSE NO.		
LIFE LIKE DENTAL LAB 1590 N ROBERTS ROAD NW SUITE 107 KENNESAW, GA 30144 770-499-1024 800-241-0632		RETURN DATE: _____ TIME: _____	
PATIENT:		ALL CERAMIC <input type="checkbox"/> White High Noble <input type="checkbox"/> Zirconia <input type="checkbox"/> Yellow High Noble <input type="checkbox"/> Emax <input type="checkbox"/> Semi Precious <input type="checkbox"/> Non Precious/Base	
REMOVABLE <input type="checkbox"/> Metal Framework <input type="checkbox"/> Flexible <input type="checkbox"/> Try in w/teeth <input type="checkbox"/> All Acrylic Partial <input type="checkbox"/> Immediate <input type="checkbox"/> Finish <input type="checkbox"/> Bite Blocks NIGHTGUARD <input type="checkbox"/> Clear Splint <input type="checkbox"/> Hard Acrylic <input type="checkbox"/> Soft Liner			

*IF NO DUE DATE IS GIVEN, A STANDARD DUE DATE WILL BE ASSIGNED



CAUTION
 SELF IMAGING PAPER - PLEASE
 DO NOT WRITE DIRECTLY OR
 INDIRECTLY ON THIS SIDE OF THE
 FORM.

X DOCTOR'S SIGNATURE _____

Please send more: PRESCRIPTIONS BOXES SHIPPING LABELS
 **Client agrees to pay any collection costs incurred in the collection of any delinquent account including reasonable attorney fees