

SATISFACTION DENTAL LAB, INC.

161 N. Edison Ave. • Elgin, IL 60123



FROM:

Dr. _____

Address _____

City _____ State _____

Patient's Name _____ or Work Plan Number _____

(Construct and deliver to the undersigned only, the herein described dental restoration)

INSTRUCTIONS:

SHADE _____ MALE FEMALE TRY _____ IN _____

DENTIST'S LICENSE NUMBER: _____ Date Wanted _____

Dated: The _____ day of _____, 20 _____

(Personal signature of dentist.)

(In compliance with Illinois Dental Practice Act.)