



Rx

Made In America Dental Lab
78 N. Broadway
Des Plaines, Illinois, 60016
(847) 962-3339
MadeInAmericaDental@gmail.com

DOCTOR _____

DATE SENT _____

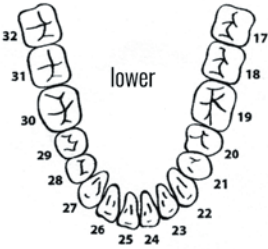
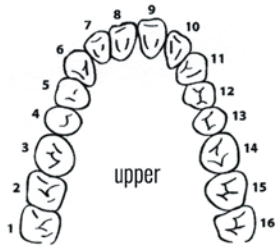
DATE WANTED _____

TOOTH NUMBER: _____

MALE FEMALE

PATIENT _____

AGE _____



SHADING INSTRUCTIONS

INSTRUCTIONS

Multiple horizontal lines for writing instructions.

SIGNATURE _____

LIC. NUMBER _____



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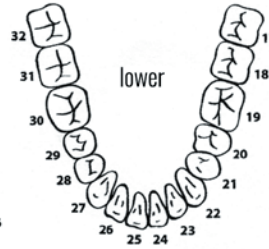
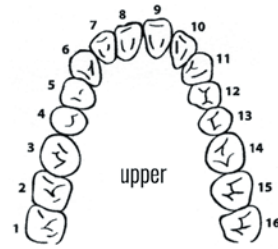
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