

LPA Dental Lab.
553 CARNEGIE ST.
MANTECA, CA 95337
209-647-4665 (OFF)
209-647-4669 (FAX)



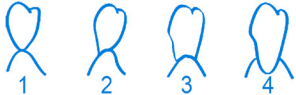
DentalLab@LPAinnovation.com

Doctor Name _____ Today's Date ____ / ____ / ____

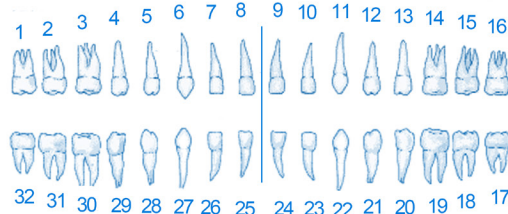
Doctor Location _____

Patient Name _____ Male Female Age _____

Shade No. _____ Name of Guide _____ Shade of Prep _____

Pontic Design (Circle)  Date Required _____

Case will be delivered between (8-5) on date required



Instructions:

License # _____ Signature _____ Date _____