

MUKILTEO
425/348-8848

FAX
425/347-2432

SEATTLE AREA
425/743-2210

TOLL FREE
1-800-370-0207

CASE NO. _____

DATE _____ 20____

To **EDGEWOOD DENTAL LABORATORY**
NAME OF LABORATORY

Address **8221 - 44th Ave. W., #H, Mukilteo, WA 98275**

Patient's Name _____

Patient's Address _____

City _____ State _____ Zip _____

Rx

FOR ADDITIONAL INSTRUCTIONS USE BACK

SHADE	GINGIVAL	
	INCISAL	

MAKE OF TEETH		
ANT. POST.		
DATE	HOUR	
TRAYS		
BITE		
TRYIN		
FINISH		
D A Y	H O U R	AM PM

Age _____ Sex _____

DELICATE
 MEDIUM
 VIGOROUS

Right Left Left Right

GOLD -	dwt. _____ gr. _____	TOTAL INVOICE \$ _____
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DR. SIGNATURE _____	LICENSE NO. _____
DR. ADDRESS _____	PHONE NO. _____

DENTAL WORK AUTHORIZATION