



RECEIVED

PAN #

LAB FINISH DATE

Mountain Dental Lab, Inc.

1401 Smokey Park Hwy | Candler, NC | 28715 | 828.665.2257

George I. Zoller, CDT: SC License No. 465

RX DATE:

TRY-IN DATE

DUE DATE:

DR. NAME

PATIENT NAME Sex: M F Age:

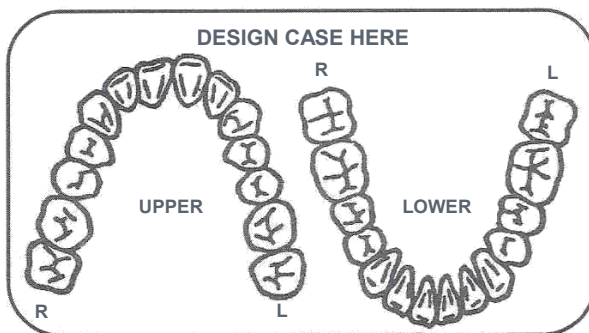
DR. PHONE NUMBER

TYPE OF RESTORATION

MATERIAL

MOULD

SHADE



SPECIAL INSTRUCTIONS:

DENTIST SIGNATURE

DENTIST LICENSE #

ADDRESS/OFFICE LOCATION

PHONE #

FOR LAB USE ONLY:

TYPE IMP _____ OPPOSING _____ BITE _____

INVOICE # _____

PRE OP _____ PARTIAL _____ OTHER _____

DELIVERY DATE _____