

Member of N.A.D.L.
DAMAS Certified

**Quality
Dental
Laboratory, Inc.**

A QUALITY DENTAL LAB, Inc.
329 N. William St.
POST FALLS, ID 83854
(208) 777-9817
(888) 654-7678
www.aqualitydentallab.com

LAB USE ONLY

FROM DR. _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

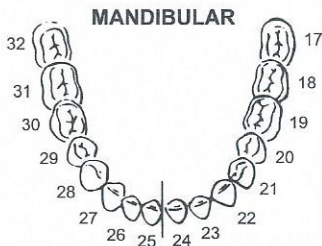
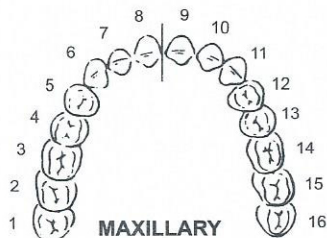
PATIENT'S NAME _____

TYPE OF RESTORATION _____

DATE WANTED: TRY-IN _____ AM
PM FINISH _____

SHADE	MOULD

SHADE	MOULD



RCV DATE _____

CASE # _____

MFG APPROVED _____

CHK IMP _____

MODEL _____

WAX _____

CAST _____

PACK/CURE _____

POLISH _____

FINAL _____

BILLING _____

SHIPPING _____

DR. SUPPLIED PARTS _____

LAB SUPPLIED PARTS _____

DENTIST'S LIC. NUMBER _____ DATE _____, 20____

PERSONAL SIGNATURE OF DENTIST _____