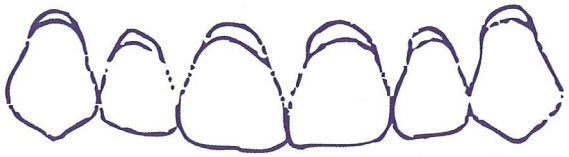
LABORATORY PRESCRIPTION

From:

CANNCAD Dental Solutions
430 Signet Dr #4, North York, ON M9L 2T6
(416) 573 - 0723

DR. _____

PATIENT _____

TIME WANTED TRY-IN	FINISH	
SPECIAL SHADE INSTRUCTIONS 	SHADE	GINGIVAL
		INCISAL
	Age _____ Sex _____	

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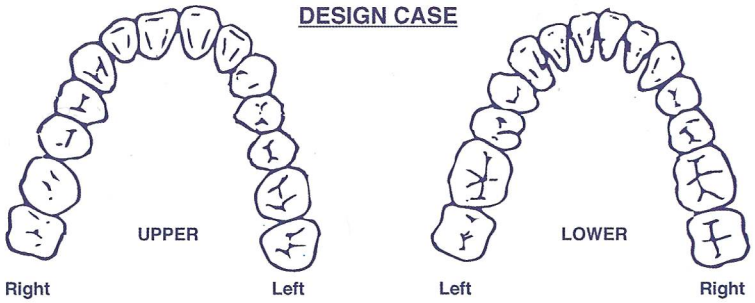
DESIGN CASE



DENTIST'S SIGNATURE _____

LICENSE NO. _____ DATE _____

Delivery slip and invoice must have patient name and/or number