Lake Erie Dental Laboratory

220 E. Main St.
Geneva, OH 44041
440-261-8746

Carl M Lewis, BS, MHA
Dental Technician

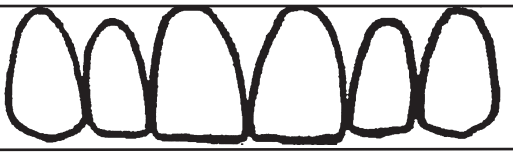
Patient's Name _____

Patient's Address _____

City _____ **State** _____ **Zip** _____

℞

FOR ADDITIONAL INSTRUCTIONS USE BACK

SHADE	**GINGIVAL** **INCISAL**	
MAKE OF TEETH		
ANT. **POST.**	**AGE** _____ **SEX** _____	**DELICATE -** ❒ ❒ **- MEDIUM** **VIGOROUS -** ❒

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TRAYS		
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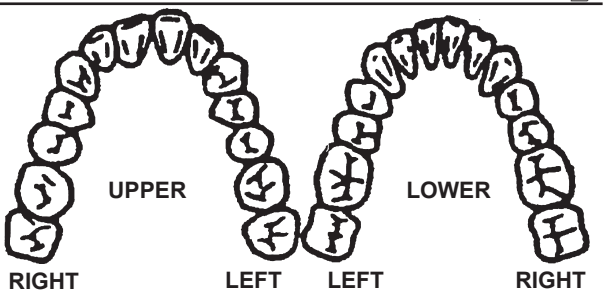

_____ _____
DR. SIGNATURE **LICENSE NO.**

_____ _____
DR. ADDRESS **PHONE NO.**

DENTAL LABORATORY PRESCRIPTION