

**LPA Dental Lab**  
 1113 W. MAIN ST.  
 RIPON, CA 95366  
 209-647-4665 (OFFICE)



DentalLab@LPAinnovation.com

Doctor Name \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

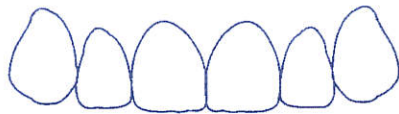
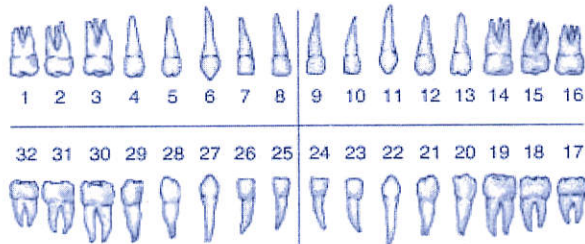
Doctor Location \_\_\_\_\_

Patient Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Shade No. \_\_\_\_\_ Name of Guide \_\_\_\_\_ Shade of Prep \_\_\_\_\_

Pontic Design (Circle)     Date Required \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Case will be delivered between (8-5) on date required.*



**Rx Instructions :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

License # \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_