

LPA Dental Lab Sacramento

1143 N. Market Blvd. Suite 7
Sacramento, CA 95834
916-516-1310 (OFFICE)

LPA
Dental Lab



DentalLab@LPAinnovation.com

Doctor Name _____ Today's Date / /

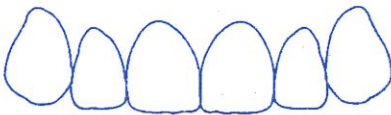
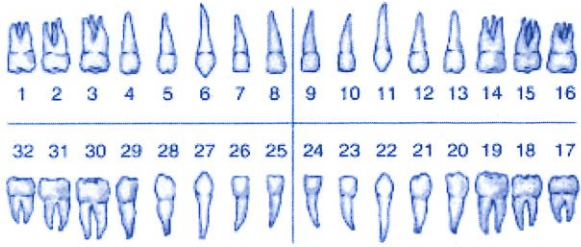
Doctor Location _____

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 _____