

LPA Dental Lab S.S.F.

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LPA
Dental Lab



Doctor Name _____ Today's Date / /

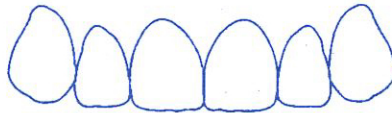
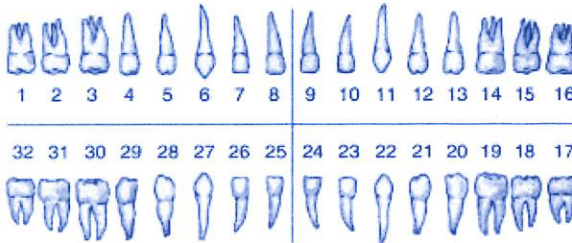
Doctor Location _____

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 _____