

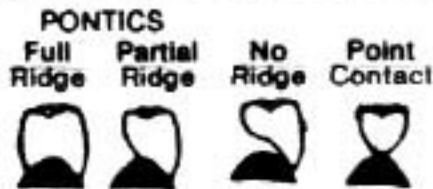
excellDENT

LABORATORY K&L INC.

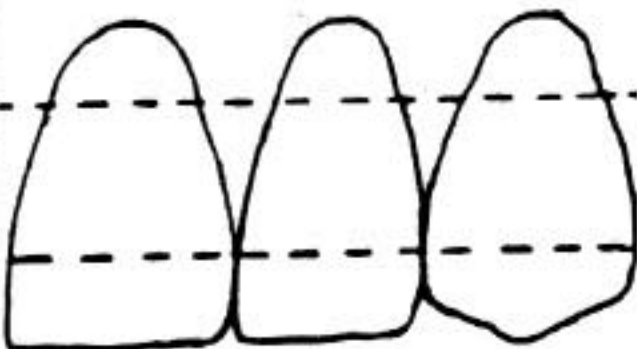
281 Garth Road, Apt. B1J
Scarsdale, NY 10583
(914) 472-0060

From: Dr. _____ Date _____
Address _____ Phone _____
City _____ State _____ Zip _____
Signature _____ License No. _____

Patient _____ Age _____ Male
Female
DATE WANTED _____ Try in Removeable, Yes
Finish Buttons No



FOR LAB USE ONLY

COLLAR DESIGN	Full Gold <input type="checkbox"/>	
	Slight Gold <input type="checkbox"/>	
	No Gold Showing <input type="checkbox"/>	
CASTINGS	Single <input type="checkbox"/>	
	Splint <input type="checkbox"/>	
	To Be Conn. <input type="checkbox"/>	
METAL	Semi Precious <input type="checkbox"/>	
	Ceramic Gold <input type="checkbox"/>	
	Yellow Gold <input type="checkbox"/>	SHADE _____

Instructions: