AESTHETIC PROSTHETICS
DENTAL LABORATORY

LAB SLIP ORDER FORM

A: 16 Council Street, Wallsend NSW 2287
M: PO Box 289, Wallsend NSW 2287
P: 02 4950 1133
E: nev@aestheticprosthetic.com.au

AESTHETIC PROSTHETICS
DENTAL LABORATORY
ABN 46 004 018 786

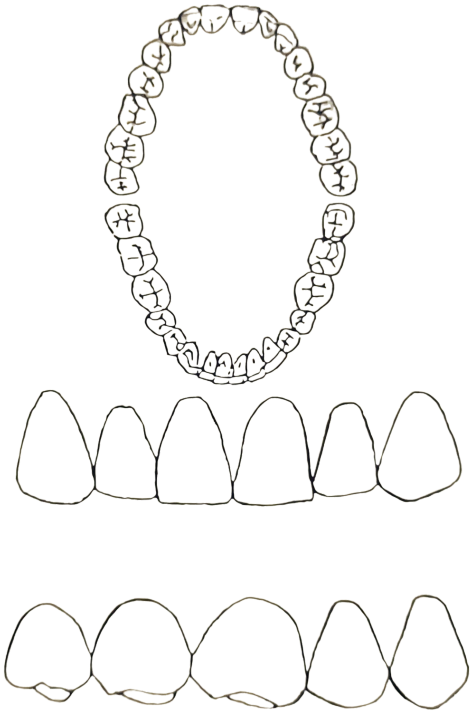
Lab Use Only Job #

PROSTHETIC PRESCRIPTION

NAME	AGE	TYPE OF PROSTHESIS	DATE

STAGE	TIME	DATE

SHADE	DR. AND CLINIC



INSTRUCTIONS

Please make a copy
for your records

Thank you!