

Dr. _____

Pt. _____

ACRYTECH

Dental Laboratory

1990 Route 631
Upper Township, NJ 08270
(609) 628-3439

INCOMING	AM	TRY-IN	AM	FINISH	AM
DATE	PM	DATE	PM	DATE	PM

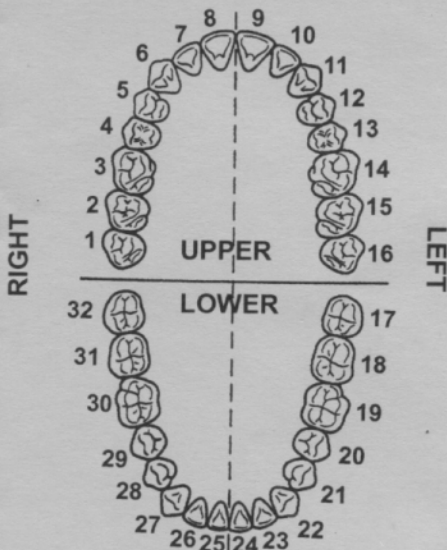
SHADE _____	MOULD _____
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PLASTIC	PORCELAIN
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STANDARD	YES	NO
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SPECIFIC INSTRUCTIONS

DESIGN CASE HERE



FOR OFFICE USE

Signature _____ License # _____