

Lloyd Dental Laboratory, Inc.

500 Wilson Pike Circle
Suite 300
Brentwood, TN 37027
(615) 373-1202

DATE _____

DR. NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____

SHADE NO. _____ AGE _____ M F

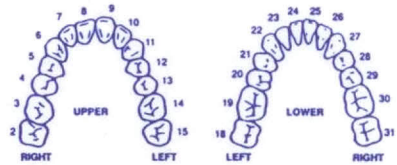
TEETH NO. _____ PFM FULL METAL
 SEMI FULL GOLD

OTHER _____ N/P GOLD COLOR

TRY-IN _____

FINISH _____

FOR LABORATORY USE ONLY	
	PAN #



SIGNATURE _____ D.D.S. LICENSE NO.: _____