



Poole Dental Laboratory
 120 Tucker Street
 Jackson, TN 38301
 (731) 427-2148
 PDL@affinitylabgroup.com

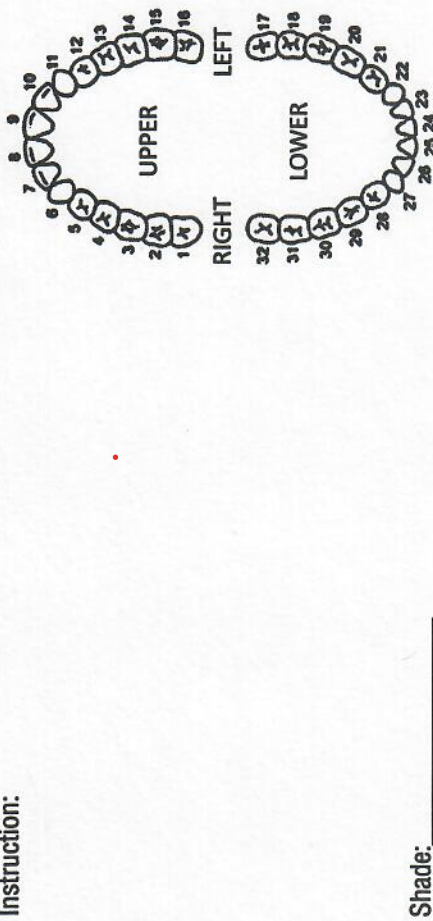
Date: _____

Doctor: _____

Patient Name: _____

Date Wanted: _____ Appointment Date/Time: _____

Instruction: _____



SMALL LABIAL OR BUCCAL BAND OF GOLD <input type="checkbox"/> Yes <input type="checkbox"/> Only if necessary <input type="checkbox"/> No	CHARACTERIZED STAINING (Diagram) Guide Enclosed <input type="checkbox"/>
RIDGE RELIEF <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Med. <input type="checkbox"/> Heavy CONTACTS <input type="checkbox"/> Open <input type="checkbox"/> Closed	PONTIC DESIGN <input type="checkbox"/> Metal Occ. <input type="checkbox"/> Porcelain Occ. <input type="checkbox"/> Stain <input type="checkbox"/> No Contact <input checked="" type="checkbox"/> Point Contact <input checked="" type="checkbox"/> No Contact <input checked="" type="checkbox"/> Circle Desired Design

Signature: _____ License #: _____

TERMS: ACCOUNTS ARE NET CASH 30TH OF MONTH FOLLOWING PURCHASE. IF NOT PAID IN 30 DAYS, SUBJECT TO 1.5% FINANCE CHARGE PER MONTH OF UNPAID BALANCE. IF NOT PAID IN 60 DAYS —ATTORNEY FEES, COST OF COLLECTION AND CONTINUING INTEREST SHALL BE ADDED.

PAN #	PAN CLR	CASE #
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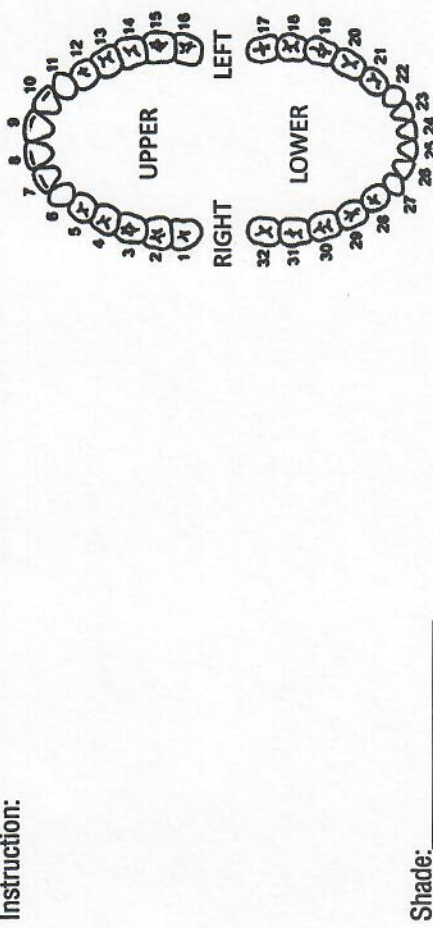
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