



YOUNG ORTHODONTIC

LABORATORY PTY. LTD.

SUITE 222 / 1 KATHERINE ST CHATSWOOD NSW 2067

MOB 0414 643 533 ABN 31 159 310 273

www.youngortholab.com.au

Lab Sheet No. _____

FROM _____

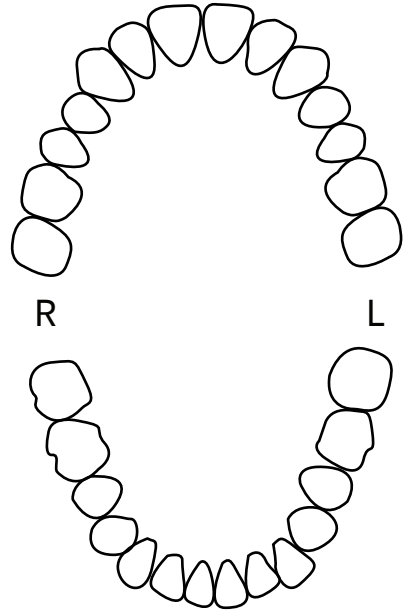
Pt. NAME _____

DATE SENT _____

SPLINT	3d Digital	Hard/ Soft	Soft
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIGITAL MODEL	Study Model	Basic Model	DIGITAL SCAN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALIGNER	
Quote	Proceed Now
<input type="checkbox"/>	<input type="checkbox"/>



INSTRUCTIONS

Mx

Color

Md

Color

A tax invoice and summary will be sent at conclusion of each month

Mx _____

Md _____

Extras _____

Models _____

TOTAL (excluding GST) _____

DATE & TIME
REQUIRED _____