



Solano Dental Laboratory
 P.O. Box 402 - Laurel, MD 20725
 (240) 274-2109
 info@solanolab.com

 Doctor's Name

 Office Name

 Patient's Name

 Today's Date:

 Return Date:

Rush Case:

CROWN: (Please check all that apply)

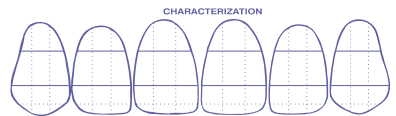
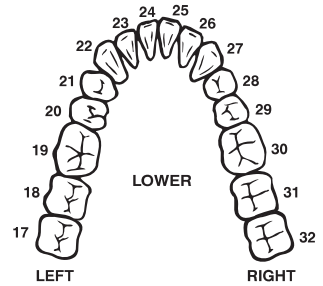
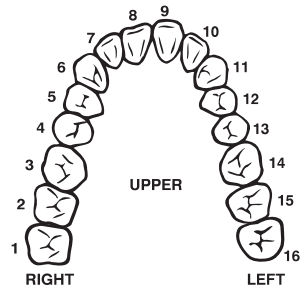
- All Ceramic
- Zirconia
- Gold
- High Noble Gold
- Semi-Precious
- Non-Precious
- Temporary
- Implant

TOOTH SHADE	TOOTH NUMBER(S)
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OTHER SERVICES:

- Hard/Soft Nightguard

SPECIFIC INSTRUCTIONS:



Signature _____ License # _____

By signing this prescription, I acknowledge all above information is accurate.