RESONANCE
DENTAL STUDIO

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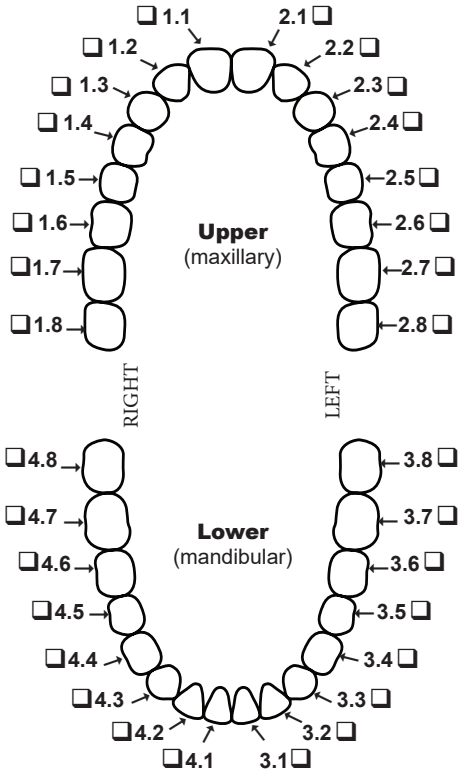

Laboratory Prescription

Doctor: _____

Address: _____

Patient: _____ Patient number: _____

Male ❑ Female ❑ Age _____

Date / Time Required: _____

Shade: _____ ❑ Take Shade in Laboratory

Mould: _____

Custom Tray ❑ Bite ❑ First Try ❑ Second Try ❑ Third Try ❑ Finish ❑

Instructions: