

LABORATORY PROCEDURE AUTHORIZATION



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LAB.
REG. # DL1244

DATE SENT:

TRY-IN*

FINISH:

FROM DR:

MATERIAL:

STREET:

SHADE:

CITY:

STATE:

TYPE
OF CASE:

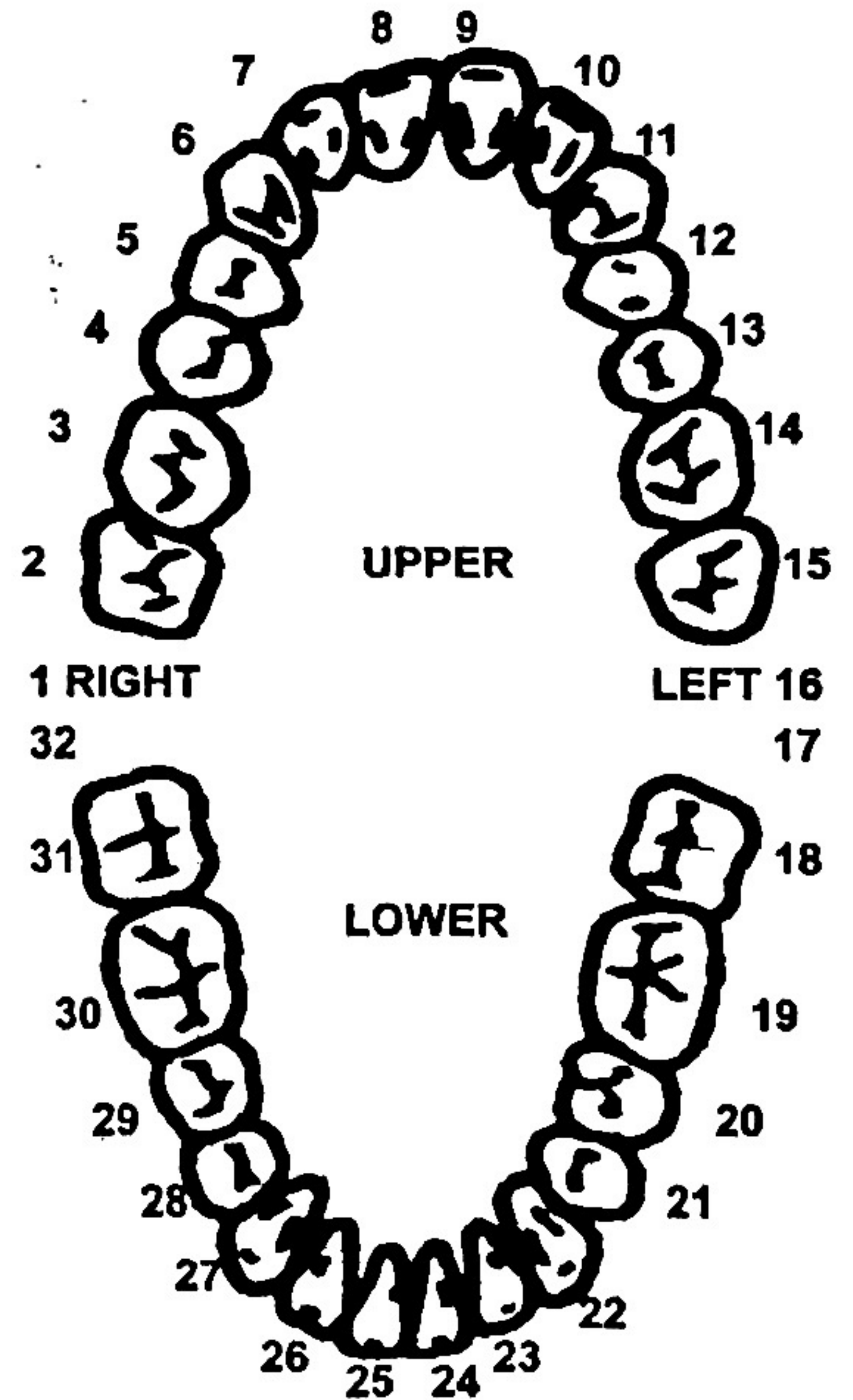
PATIENT
NAME:

SEX:

AGE:

COMPLETE DESCRIPTION

R_x



DENTIST'S
SIGNATURE:

License # _____

No. 27410