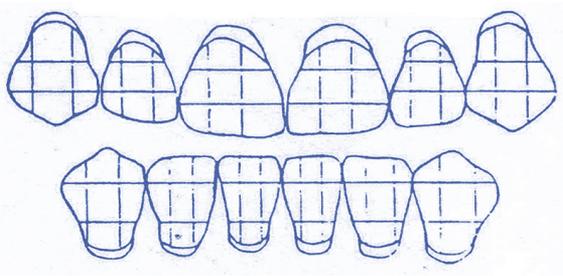


HPLA

Dental Lab LLC

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FROM DR.		DATE SENT	
ADDRESS		TRY - IN	
CITY		FINISH DATE	
PATIENT NAME			
AGE	F	M	TYPE OF CASE
<input type="checkbox"/> FULL CONTOUR ZIRCONIA <input type="checkbox"/> PORC. FUSED TO ZIRCONIA <input type="checkbox"/> EMAX (LITHIUM DISILICATE)		PORC. TO METAL <input type="checkbox"/> HIGH NOBLE <input type="checkbox"/> GOLD <input type="checkbox"/> NOBLE <input type="checkbox"/> NON-PREC	
SHADE			
SPECIAL SHADE INSTRUCTIONS 			
COMPLETE DESCRIPTION			
DENTIST SIGNATURE		LICENSE NO.	