

## DENTAL LABORATORY

2108 West Sibley Street • Park Ridge, IL 60068  
 Fx: (847) 416-6166 • Email: dynamicdarts@gmail.com

**DUE DATE:**

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Today's Date: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

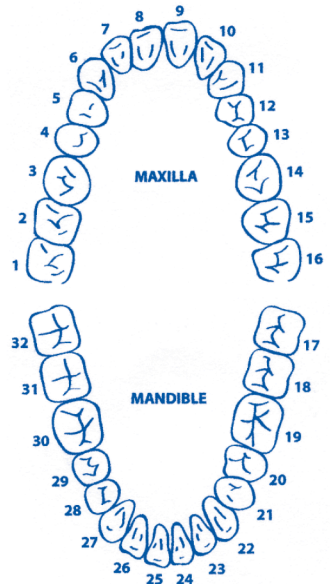
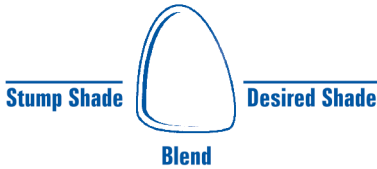
Patient: \_\_\_\_\_ M  F  \_\_\_\_\_  
First Name Last Name Age

*Lab Use Only*

**Special Enclosures**

- Photo (s)
- Models
- Shade lab
- Bite
- Analog
- Implant Parts
- Impression
- Others

## SPECIFIC INSTRUCTIONS



Please send me more following:     RX forms     Boxes

Dr.'s License #: \_\_\_\_\_ Dr.'s Signature: \_\_\_\_\_

Cost of collection of any account will be paid by the customer. terms: Net 30 days; 2 percent service charge over 30 days.

**DYNAMIC DENTAL ARTS DENTAL LABORATORY**

2108 W. Sibley St., Park Ridge, IL 60068 • Ph: 847-894-0958 • Fx: 847-416-6166 • Email: dynamicdarts@gmail.com