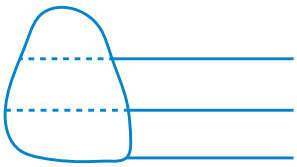
Watersedge
DENTAL LABORATORY INC

General Rx

Doctor: _____
Address: _____
Rx Date: _____
Patient: _____
Return Date & Time:

Call Me ◯
Doctors Signature: _____
Licence Number:

Shade



Stump Shade: _____

Notes: _____