



DENTIST'S LICENSE NUMBER	STATE

FINISH DATE _____

NAME OF LABORATORY **Huff Dental Laboratory 727-709-3838**

FROM DR. _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____

PATIENT'S NAME OR NO. _____

MATERIALS TO BE USED _____

PATIENT DATA: MALE ☐ FEMALE ☐ AGE _____

SHADE _____

INSTRUCTIONS:

SIGNATURE _____ DATE _____

LABORATORY WORK AUTHORIZATION



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