

Dane Dental Lab

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**CERTIFIED
DENTAL
LABORATORY**



Experience the Dane Dental Lab Difference!

The Best Service for Your Orthodontic and Crown and Bridge Patients.

Doctor _____

Patient Name _____

Address _____

Age _____

Phone _____

(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE DESCRIBED APPLIANCES)

Doctor Signature _____

Dental License Number and State _____ Date _____

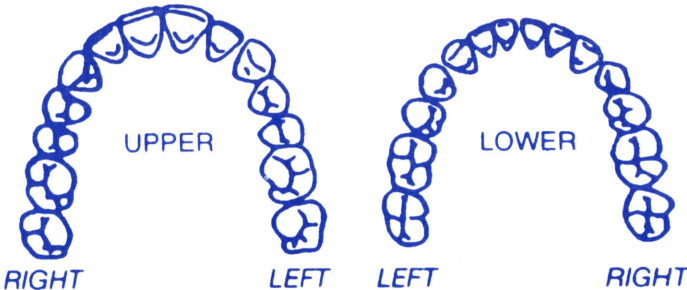
PLEASE INDICATE ANY PREFERENCE IN WIRE SIZE

Acrylic: Pink, Clear, Other _____

Wire Gauge: _____ Pontic Shade: _____

For Lab Use

DATE TO BE RETURNED



INSTRUCTIONS _____

