

# Dane Dental Laboratory

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CERTIFIED  
DENTAL  
LABORATORY



Consistently Accurate Craftsmanship for Your  
Orthodontic and Crown and Bridge Patients!!

Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Patient Name \_\_\_\_\_

Age \_\_\_\_\_

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

Doctor Signature \_\_\_\_\_

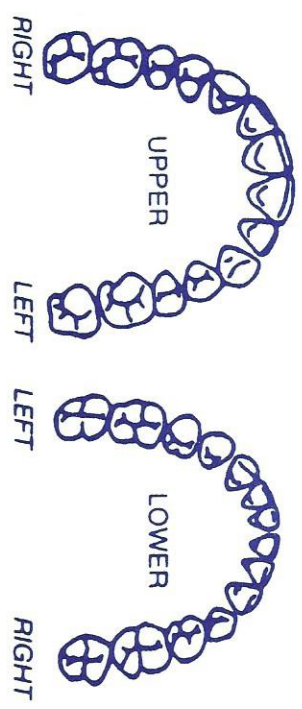
Dental License Number and State \_\_\_\_\_ Date \_\_\_\_\_

PLEASE INDICATE ANY PREFERENCE IN WIRE SIZE

Acrylic: Pink, Clear, Other \_\_\_\_\_

Wire Gauge: \_\_\_\_\_ Pontic Shade: \_\_\_\_\_

For Lab Use
Appl Date/Time



INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_