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DENTAL LABORATORIES LTD.
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Toll Free 1-800-661-1169
Calgary (403) 228-7002
Fax (403) 245-3694
Toll Free Fax 1-800-361-5088

DATE _____

DOCTOR _____

ADDRESS _____

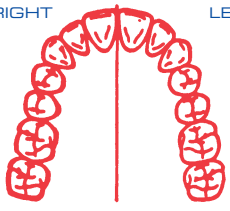
TELEPHONE ( ) _____

_____
PATIENT'S FULL NAME (Important - Please Print)

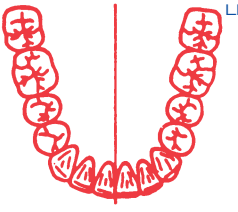
_____

UPPER LOWER

RIGHT LEFT RIGHT LEFT



SHADE:



AGE _____ PARTIAL DENTURE DESIGN SEX _____

DATE REQUIRED

DEPT. OF PUBLIC HEALTH ☐

DUE _____ TIME _____

PLEASE CHECK APPROPRIATE BOX

BITE ☐ TRY IN ☐ FINISH ☐

℞ _____