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LABORATORY PROCEDURE AUTHORIZATION		LAB REG. #
TO:		DATE SENT:
STREET:		TRY-IN:
CITY:	STATE:	FINISH:
FROM —		MATERIAL:
STREET:		SHADE:
CITY:	STATE:	MOULD:
NAME:		TYPE OF CASE:

COMPLETE DESCRIPTION

R_x

ADDITIONAL INSTRUCTIONS ON REVERSE SIDE YES NO

DENTIST'S SIGNATURE:

LICENSE NO.

This Form Supplied by the Florida State Board of Dentistry in compliance with Section 466.021 Florida Statutes.

C-

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