



# DENTAL ARTS

ORTHODONTIC LABORATORY

1600 S. Anaheim Blvd., Suite C • Anaheim, CA 92805

(714) 635-2008 • FAX (714) 635-3396

SM	
APPL	
MB	
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Doctor \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DUE DATE \_\_\_\_\_ Chair time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

### PATIENTS NAME

\_\_\_\_\_  
 First Name Middle Last Name

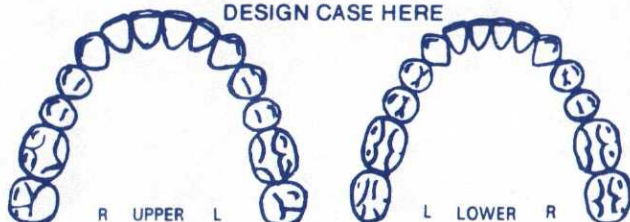
Yrs. Mos.

AGE:

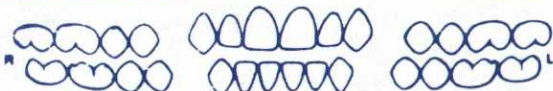
CASE NO:

STUDY MODELS:  Finished  Semi-Finished  Trim Only  Duplication

DESIGN CASE HERE



ACRYLIC COLOR



NOTES: \_\_\_\_\_

All appliances are warranted for **60 days** from date manufactured.  
 Office will be responsible for accuracy of working cast.  
 Please send white and yellow copies to laboratory, retain pink copy for file.