

Laboratory Procedure Prescription

To:

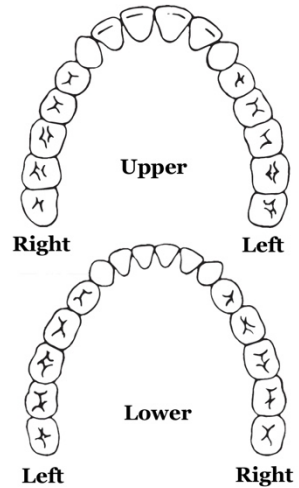
Smile Keepers, Inc.
617 Robinson Oaks Ln.
Plant City, FL 33567
813-482-5587
Florida Reg. # 1382

Date Sent to Lab: _____
Date Needed: _____
Patient Name: _____
Male ____ Female ____
Known Allergies _____

From:

Street: _____
City, ST, Zip _____
Phone #: _____

Description of Appliance to be Made



The following materials to be used in producing the appliance:

- _____ Acrylic _____ Essix Plastic (clear vacuum form)
- _____ Wire - Stainless Steel Alloy (normally used)
- _____ Wire - Nickel free (for pts. With nickel allergy)
- _____ Tma wires – Titanium Alloy (used in pendulums)
- _____ Pontic teeth (usually plastic)
- _____ Pontic teeth
(if other than plastic, please specify) _____

I authorize the above procedure to be performed.

Dentist Signature _____
Dentist License # _____

Lab Use Tech. Int.
Wire _____
Acryl _____
Trim _____
Pol _____