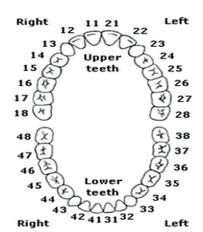


Unit 5 / 212 Glen Osmond Rd Fullarton S.A. 5063 Phone: 0427 260 758 Email: admin@horizonprodental.com.au Website: horizonprodental.com.au

Case:	Teeth:
	Shade:
Bite Registration:	Special trays:
Date/Time:	Date/Time:
Try-in:	Retry:
Date/Time:	Date/Time:
Finish:	Other Case:
Date/Time:	Date/Time:

Additional Instructions:



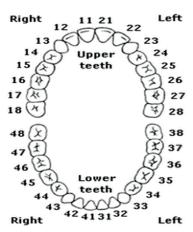
Dentist:	Dentist:
Clinic:	Clinic:
Patient:	Patient:



Unit 5 / 212 Glen Osmond Rd Fullarton S.A. 5063 Phone: 0427 260 758 Email: admin@horizonprodental.com.au Website: horizonprodental.com.au

Case:	Teeth:
	Shade:
Bite Registration:	Special trays:
Date/Time:	Date/Time:
Try-in:	Retry:
Date/Time:	Date/Time:
Finish:	Other Case:
Date/Time:	Date/Time:

Additional Instructions:



Dentist:
Clinic:
Patient:





<sup>\*</sup>Please allow 5 days in our laboratory (Not Including shipping time).

<sup>\*</sup>For Priority Turnaround lab time, you must contact the laboratory before sending work.

<sup>\*</sup>Time frame for Chrome work please contact laboratory.

<sup>\*</sup>For more Laboratory Prescription Forms, Go to our website home screen footer.

<sup>\*</sup>Please allow 5 days in our laboratory (Not Including shipping time).

<sup>\*</sup>For Priority Turnaround lab time, you must contact the laboratory before sending work.

<sup>\*</sup>Time frame for Chrome work please contact laboratory.

<sup>\*</sup>For more Laboratory Prescription Forms, Go to our website home screen footer.