



Accuteck Inc.
Findley Dental Laboratory

(281) 682-8056

TSBDE LIC 1133

LAB WORK ORDER

Patient:

NAME (LAST) (FIRST) (MI)

ADDRESS

CITY ZIP

MALE FEMALE

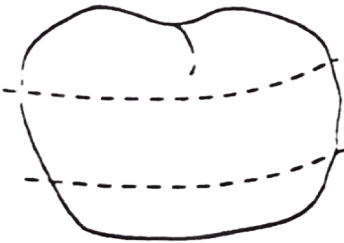
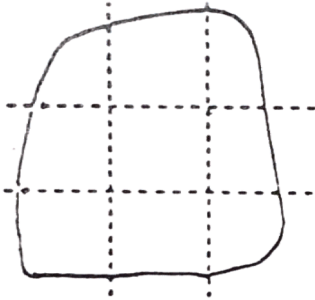
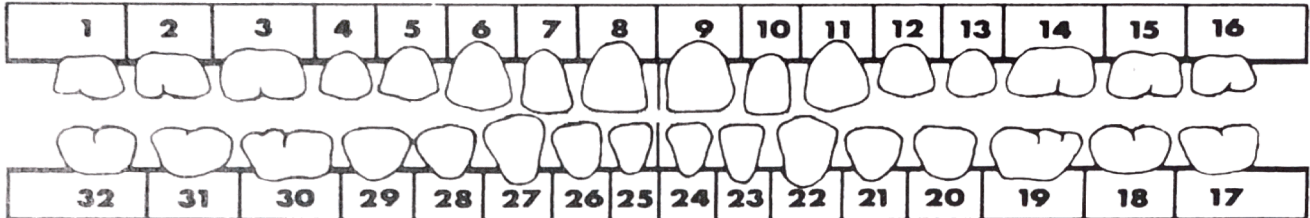
AGE _____

Rx DR. _____

ADDRESS

PHONE

Date: _____ Date Requested _____



Shade: _____

Date

Doctor's Signature

Lic. No

1.50% CHARGE PER MONTH ON ANY BALANCE PAST DUE OVER 30 DAYS