



RoDental Laboratory Inc.

4801 W. Peterson, Suite 300A, Chicago, Illinois 60646

(773) 736 5713 • www.rodentallaboratory.com



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WRITTEN WORK ORDER NUMBER

FROM:

Dr.

Address

City State

Patient's Name

(Construct and deliver to the undersigned only the herein described dental restoration)

<input type="checkbox"/>	CEREC inLab Zirconium Restoration	Porcelain to Metal Restoration	<input type="checkbox"/>
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Instructions:

MALE TRY IN

SHADE FEMALE DATE WANTED

DENTIST'S LICENSE NUMBER:

Dated: The day of, 20

Personal signature of dentist

TERMS: NET 30 DAYS/2% SERVICE CHARGE OVER 30 DAY. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER.

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