

Dental Prosthetic Prescription To



P.O. Box 3
2308 Starmount Circle
Huntsville, AL 35804
spacecitydentallab.com
(256)536-3352
spacecitydentallab@knology.net

Dr.	Date Sent
Pt. Name	Return Date
<i>Rx</i>	Shade Guide

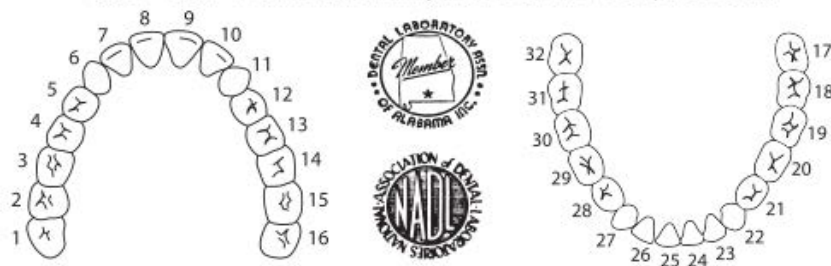
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Signature **L. No.**
(New Order - Blank conforming with Dental Prescription Laws)



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(New Order - Blank conforming with Dental Prescription Laws)

