LABORATORY PRESCRIPTION

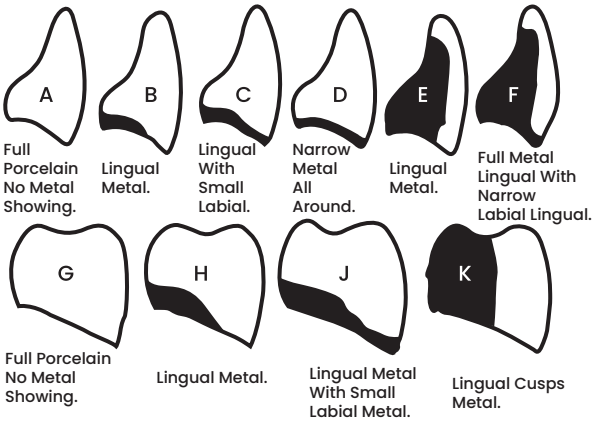
To: **HALLAM DENTAL LAB, INC.**

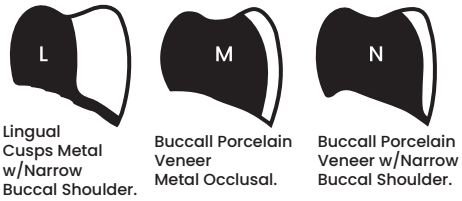
408 Sheridan Road Evansville, IN 47710

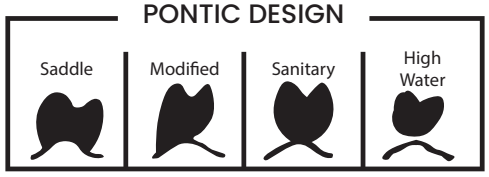
Telephone: 812-424-2358 Cell: 812-306-4732

E-Mail: chrscoop@gmail.com challam68@gmail.com

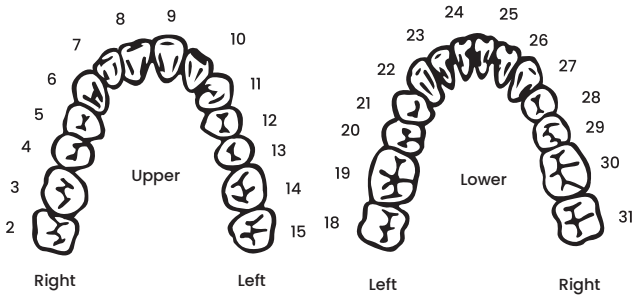
www.hallamdentallabinc.com







STAINING INSTRUCTIONS



FROM DR: _____

PATIENT: _____

DATE: _____ DUE DATE: _____

SHADE: _____

METAL TYPE: _____

INSTRUCTIONS

TOOTH NO.(S) _____

Substructure Design: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

LAB. REMARKS: _____

_____

Dentist's Signature _____ License No. _____

REV. 01-20-26

ADEQUATE TIME IS REQUIRED TO PRODUCE QUALITY WORK FOR YOUR PATIENTS