

THORN FORD

DENTAL LABORATORY

10107 Woodinville Drive Bothell, WA 98011
(425) 486-2732 voice (425) 487-6756 fax

1-800-280-2732 toll free

email: admin@thornford.com

DENTAL WORK AUTHORIZATION

_____ Date

DOCTOR _____

PATIENT _____ AGE _____

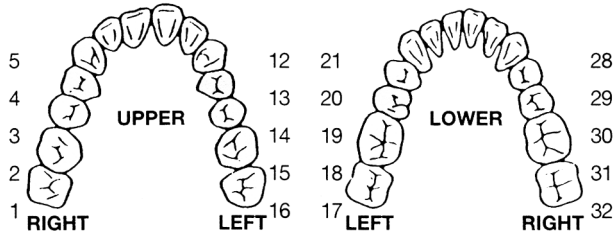
DATE & TIME WANTED _____

SHADE	
VALUE	ALLOY OR CERAMIC TYPE _____ MARGINS _____

Rx:

ADDITIONAL INSTRUCTIONS ON REVERSE

6 7 8 9 10 11 22 23 24 25 26 27

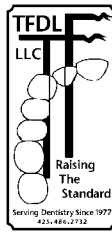


DOCTOR'S SIGNATURE

LICENSE NUMBER

ADDRESS

PHONE NUMBER



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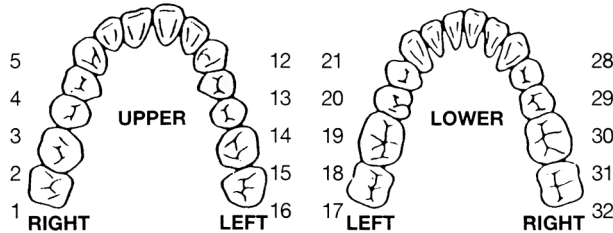
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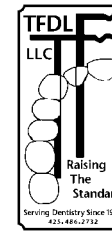


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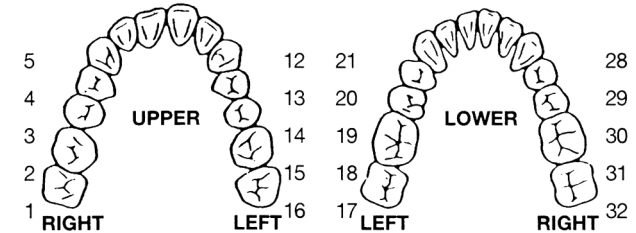
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