



THORN FORD

DENTAL LABORATORY

10107 Woodinville Drive Bothell, WA 98011
(425) 486-2732 voice (425) 487-6756 fax
email: loren@thornford.com

DENTAL WORK AUTHORIZATION

_____ Date

DOCTOR _____

PATIENT _____ AGE _____

DATE & TIME WANTED _____

TRAY BITE TRY-IN

FINISH CHROME FRAME

SHADE _____ MOLD _____ IPN or PORC

Rx:



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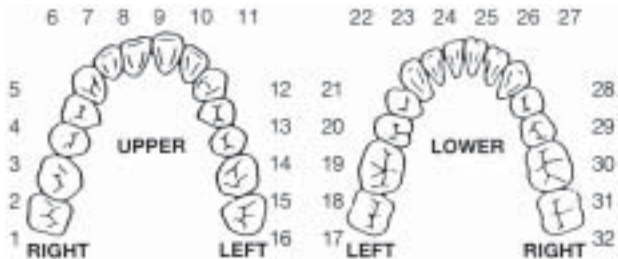
TRAY BITE TRY-IN

FINISH CHROME FRAME

SHADE _____ MOLD _____ IPN or PORC

Rx:

ADDITIONAL INSTRUCTIONS ON REVERSE



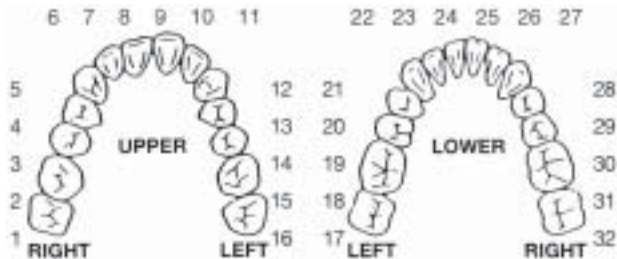
DOCTOR'S SIGNATURE

LICENSE NUMBER

ADDRESS

PHONE NUMBER

ADDITIONAL INSTRUCTIONS ON REVERSE



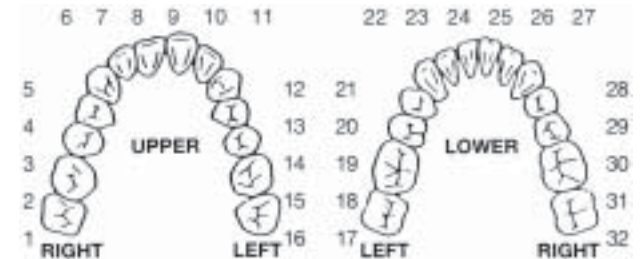
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