



Petrie Dental Lab, LTD
 22333 Governors Hwy
 Richton Park, IL 60471
Phone (708) 748-4111
Fax (708) 748-6855

WRITTEN WORK ORDER NUMBER _____

FROM:

Dr. _____

Address _____

City: _____ State: _____

Patients Identification
 Name _____ or Number _____

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

INSTRUCTIONS:

SHADE _____ MALE FEMALE _____ TRY
 IN _____

Date

DENTIST'S LICENSE NUMBER: _____ Wanted _____

Dated: The _____ day of _____, _____

(Personal signature of dentist.)

(In compliance with Illinois Dental Practice Act.)