

DNS Dental

Prosthetist & Technician

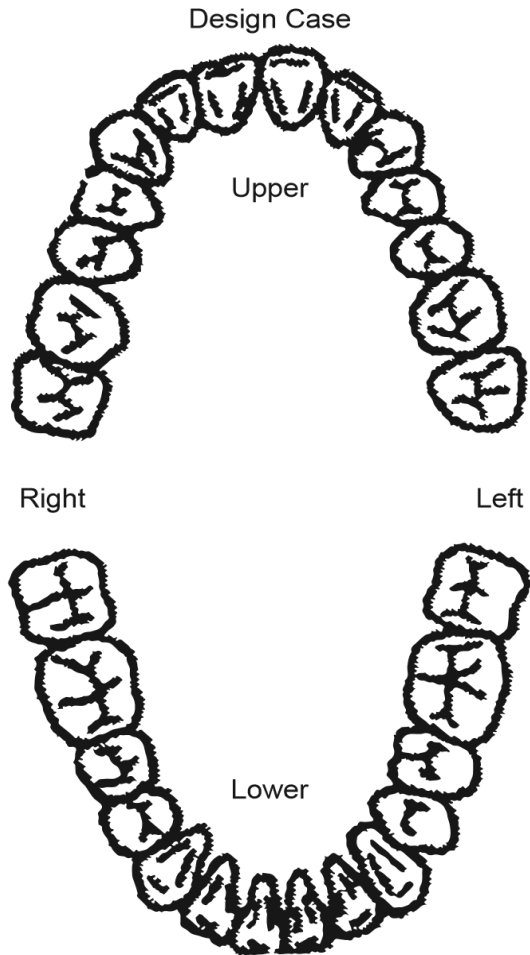
Lab Sheet

Date: _____

ALL CERAMICS SOLUTIONS BY:
DNS Dental Laboratory Pty Limited
Shop B 533 Old South Head Rd Rose Bay
9388-2448
0408-430-789

Patient Name: _____

Description of work to be done. Type and Quality of materials to be used. *(Include diagrams if necessary)*



Dentist Signature: _____

Dentist Name *(Please Print)*:

Dentist Address:

Telephone: _____

Due Date and Time: _____