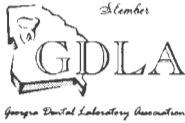


Mountain City

Phone 706-754-8506



South Carolina License #454



Richard Campbell, CDT
P.O. Box 1293
618 West Louise Street
Clarkesville, GA 30523

Dental Lab

Patient or Case #	Make of Teeth	Shade
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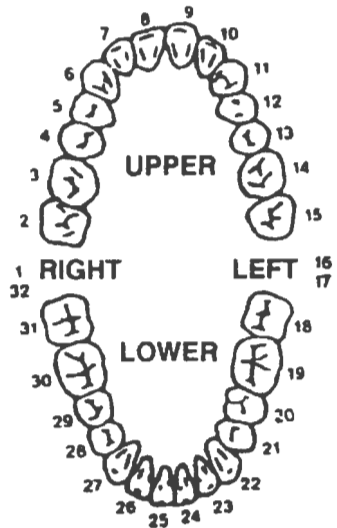
Rx

Date _____

Description of Work

Materials

Instructions



TRYIN _____

CAST PARTIAL _____

FINISH _____

WROUGHT _____

REPAIR _____

OTHER _____

BITE ___ TRAYS _____

RELINE _____

FULL PARTIAL

USE BACK SIDE FOR FURTHER INSTRUCTIONS

Signed - Dr. _____ Return On _____

Address _____

City _____ State _____