

Today's Date: _____
Doctor: _____
Address: _____



APEX DIGITAL
LAB TECHNOLOGISTS LTD

7322 Highway 1, Suite 2 Coldbrook, NS B4R 1B9

Patient: _____
Required Date: _____
Required Time: _____

URGENT

- Type of Order:
- Denture Implant
 - Repair Bite Plane
 - Crown/Bridge: Material _____
 - Other: _____

Shade: _____

Rx: _____

Signature: _____

[Lab Use Only] Date Received: _____ Date Sent: _____

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