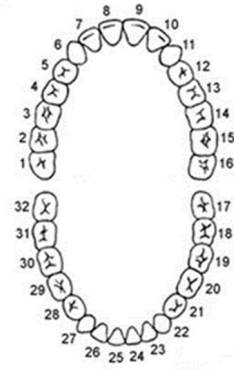




Lighthouse

Dental Laboratory of Tampa



Laboratory Procedure Authorization

Pan # _____

Today's Date: _____ Return Date: _____

Dr. _____

Address: _____

Patient Name: _____

Male Female Mold _____ Shade _____

- Bite Block
- Custom Tray
- Set Up Try In
- Finish
- Duraflex
- Thermo Clear Clasp
- Thermo Pink Clasp
- Metal Framework
- Acrylic Partial

Dr. Signature _____ Lic.# _____

8900 N. Armenia Avenue #304 Tampa FL 33604

Phone/Text: 813-928-5558