



**Pearly Whites Dental Lab**  
**2297 Co Rd 54 W**  
**Notasulga, Alabama 36866**  
**334.462.6484**  
**pearlywhiteslab@gmail.com**

Dr. \_\_\_\_\_ Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Age:  Complexion:  Light  Medium  Dark  Sex:  M  F

Photo emailed:  Y  N  Photo file name/number \_\_\_\_\_

SHADE \_\_\_\_\_



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SHADE \_\_\_\_\_

RETURN BY \_\_\_\_\_ TIME \_\_\_\_\_

Signature \_\_\_\_\_ License # \_\_\_\_\_

RETURN BY \_\_\_\_\_ TIME \_\_\_\_\_

Signature \_\_\_\_\_ License # \_\_\_\_\_