Nichols LABORATORY

410-543-8264
P.O. Box 199 • Hebron, MD 21830
www.nicholslaboratory.com
Email: mail@nicholslaboratory.com

Dr. _____

License # _____

Rx Date: _____

Patient: M / F Age: _____

Last Name: _____

First Name: _____

Rx Instructions:

_____

_____

Case Needed

Date:_____ **Time:**_____

M T W Th F

○ Try-in ○ Finish

Tooth Shade

Stump Shade

Occlusal Staining

○ None ○ Light ○ Medium ○ Dark

Occlusal Contact

○ Slightly Out ○ Light ○ Tight

_____

_____

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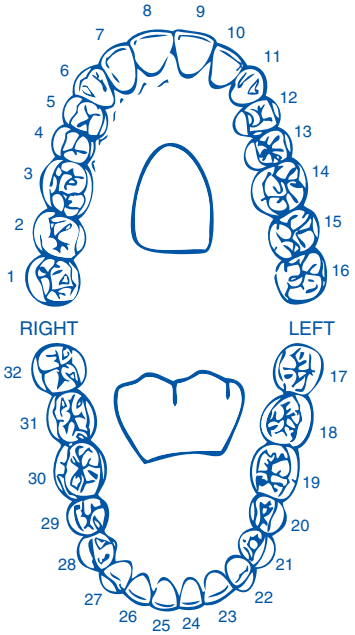

Signature: _____

Enclosed with Case:

○ Impression ○ Models ○ Bite ○ Photos Other:_____

Please send: ○ Rx Forms ○ Boxes Other:_____