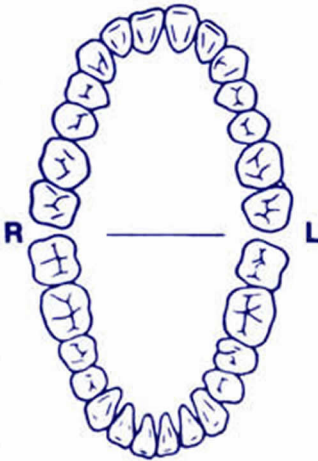




DENTAL
PROSTHETIC
PRESCRIPTION DATE: _____

To GARDEN CITY DENTAL LABORATORY GROUP
Unit 10, 2012 Logan Road
UPPER MT GRAVATT 4122
TELEPHONE: (07) 3849 7052 FAX: (07) 3219 3022
ABN 67 469 204 878

From	Patient's Name	
Dr.	Mr. Mrs. Miss	
Appliance	Ref. No.	
Study Models		Try-in with Teeth
Trays		Re-Try 1
Bite		Re-Try 2
Chrome Try-in		Finish
Post Core		Shade
Instructions	Mould	

