

LOCKSTAR

Dental Laboratories

Doctor _____

Address _____

R_x

Patient _____

M

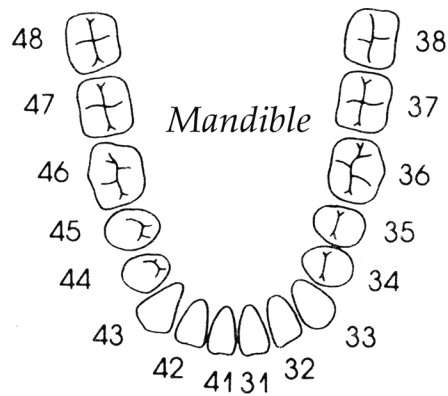
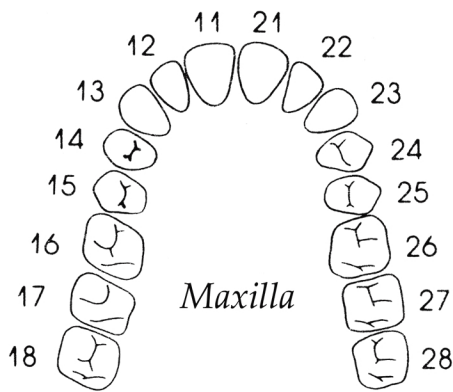
F

Age _____

Date _____

Wanted _____

Time _____



INSTRUCTIONS

SHADE _____

LOCKSTAR DENTAL LABORATORY
 5740 2 St SW, Unit 205
 Calgary AB
 T2H 1Y6

Phone: 403 255-9373
 Phone: 1 866 620-9373
 Fax: 1 403 255-9422

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 Signature