



+919-403-0604 voice

+919-490-1314 fax

LOCATION: . PREP DATE: _ DATE NEEDED: _ SPECIFY TIME NEEDED:

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IF MODELESS CASE - PLEASE ENTER RX AT ABSOLUTEDENTALLAB.COM CLICK "ENCODE RX" DR: RESTORING CLINICIAN ZIPCODE:														
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PATIENT INFO UPLOAD SHADES AT ABSOLUTEDENTALLAB.COM CLICK "UPLOAD PATIENT PHOTOS" PATIENT TO CALL LAB FOR CUSTOM SHADE APPOINTMENT MALE FEMALE SHADE: AGE:														
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DENTIST SIGNATURE

DENTIST LICENSE

By signing and submitting this prescription the undersigned is agreeing to pay for the item(s) prescribed

3600 University Drive Durham, NC 27707











