

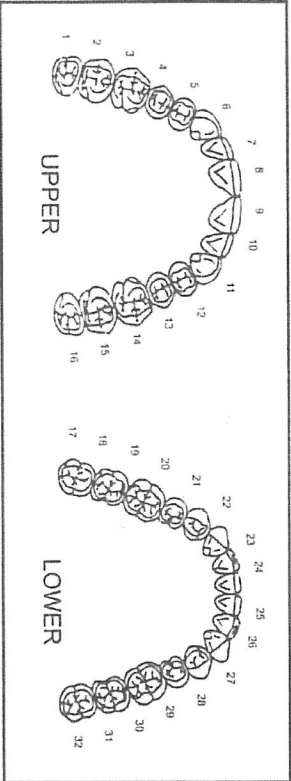


**Oxford** 760-480-1394 office  
 DENTAL LABORATORY 760-480-1211 fax  
 899 E. Grand Ave., Suite D  
 Escondido, CA 92025

Doctor \_\_\_\_\_ Date Sent \_\_\_\_\_ AM  PM

Patient \_\_\_\_\_ Due Date \_\_\_\_\_ PM

Shade \_\_\_\_\_ Mold \_\_\_\_\_ Pt. Age \_\_\_\_\_ M/F Alloy \_\_\_\_\_



Buccal Margins:  Porc. Over Metal  Metal  Porc.



**RX**

\_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ D.D.S.

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

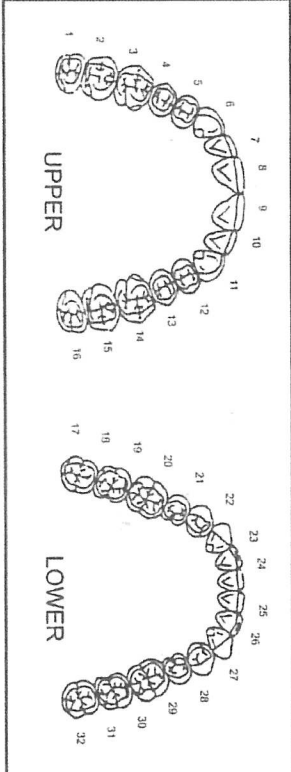


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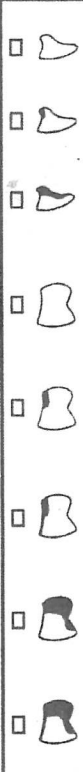
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