

J.D.L.

John's Dental Laboratory

Removable Prosthetics Specialists

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408-264-4100

John S. Wareham, CDT

Hours: M-T 8:00 AM - 5:00 PM / F 8:00 AM - 12:00 PM
jswareham@comcast.net

FROM:

Work order number _____ Date _____

Dr. _____

Address _____

City _____ State _____ ZIP _____

Patient's NAME or Id. # _____

Type of restoration _____

Date wanted for TRY-IN _____ AM/PM Finish _____

SHADE & MOULD	Anterior		Posterior	
	SHADE	MOULD	SHADE	MOULD

Dentist License #: _____ Date: _____, 20____

Signature: _____