PRESCRIPTION

REQUESTED RETURN: Friday, May 30, 2008

RX ID: 22

FROM DOCTOR

Name: Smith, John DDS
Address: Smith, John DDS
425 S. Main Street
Santa Ana, CA 92705
Phone: 555-1212
Fax: 555-1212
Email: sales@mainstreet-systems.com
License: 123456789
Account: SMIJOH200312

TO LAB

Name: Mainstreet
Address: STE 110
601 E Broad St
Souderton, PA 18964
Phone: 800-257-4535
215-723-7041
Fax: 215-723-8953
Email: support@mainstreet-systems.com

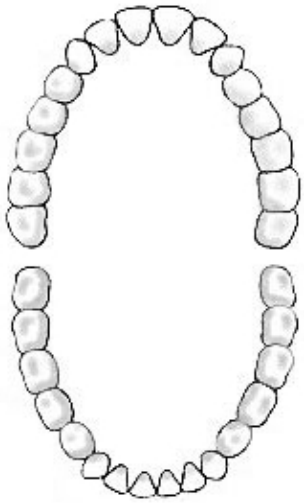
FOR PATIENT

Patient: Sanson, Bette Age: 33 Gender: Female

PRESCRIPTION DETAILS

Case: 22
Request: 5/30/2008
Call: Yes
Remake: No
Adjust: No

Teeth 8
Shade C2



Notes:
Custom shade C2-34234

LIST OF PROCEDURES

Qty.	Description
1	Full Upper Denture
2	PFM

LIST OF ENCLOSURES

Qty.	Description
1	Lower Impression
1	Articulator
1	Upper Impression

SIGNATURE