



HICKS
DENTAL
LABORATORY

"Your dental implant and denture specialists"

3302 Stone Street
Port Huron, MI 48060
(810) 984-4070 • (888) 298-9190

www.hicksdentallab.com

WRITTEN SUB WORK ORDER NUMBER: _____

FROM: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

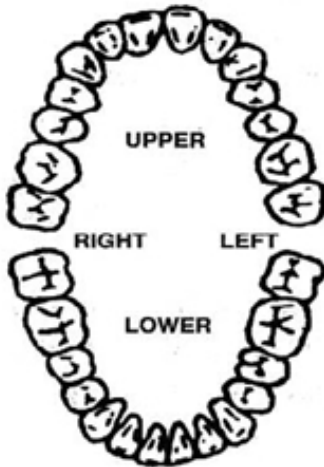
Patient's Name or
Identification Number: _____ Shade: _____

☐ Male ☐ Female Age _____ Date Wanted _____ AM _____ PM _____

PROCEDURE(S)

- | | | | |
|---------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Laser | <input type="checkbox"/> Try In | <input type="checkbox"/> Set up | <input type="checkbox"/> Bite Rim |
| <input type="checkbox"/> Finish | <input type="checkbox"/> Frame w/bite | <input type="checkbox"/> Custom Tray | <input type="checkbox"/> Repair/ reline |

INSTRUCTIONS



DENTIST'S LICENSE NUMBER _____ DATE _____, 20____

AUTHORIZED SIGNATURE _____

Person signing this authorization accepts responsibility for payment and agrees to pay all legal cost in the event of suit including reasonable attorney fees.