



Pow Laboratories Inc.

Leaders in Cosmetic Dentistry
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Date Case Received @ Lab _____



An ISO 9001:2000 Certified
Full Service Dental Laboratory

DOCTOR _____ DATE _____

ADDRESS _____ DATE WANTED _____

CITY _____

PATIENT _____ SEX M F AGE _____

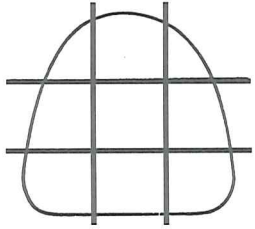


PREPARE CONSULTATION ONLY

CALL ME TO DISCUSS Dr. Signature _____

Try In
Finish

shades@powlab.com
Shade _____
Shade Tab Enclosed



NOTE:
FOR DESIGN OR CONSTRUCTION OF CASES, PLEASE SEND
FULL ARCH UPPER/LOWER MODELS WITH BITE TO ALLOW
IDEAL TREATMENT DISCUSSIONS

DESIGN CASE HERE

