Reflections Dental Laboratory, Inc.

6221 S. 58th St., Suite C • Lincoln, NE 68516 • (402) 421-2022 • (800) 645-8644

Date _____ Prescription No. 73504

Dr. _____

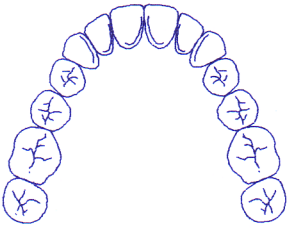
Address _____

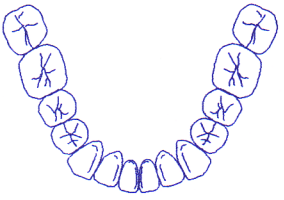
Patient _____ Sex M F

Shade _____ ☐ Enclosed Age _____

Due Date _____ Time _____

Instructions:





Dr's Signature License #