

BAILIE DENTAL LAB

www.BailieDentalLab.com

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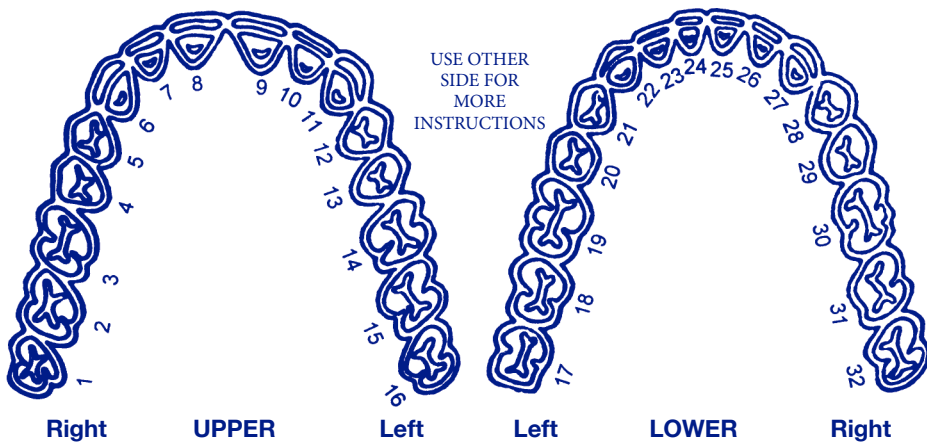
OFFICE NAME _____ Date _____

PATIENT NAME _____

Type of Case ☐ Denture ☐ Partial ☐ Crown & Bridge

TIME WANTED _____ SHADE _____

STOP! HAVE YOU FORGOTTEN TO MARK SHADE OF TEETH?



Signature of Dentist

License No.

Do you need more mailing material? If so, check what is wanted:

☐ LABR. ORDER BLANKS

☐ BOXES