



**HICKS
DENTAL
LABORATORY**

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

"Your dental implant and denture specialists"

WRITTEN SUB WORK ORDER NUMBER: _____

FROM: _____ DATE: _____

ADDRESS: _____

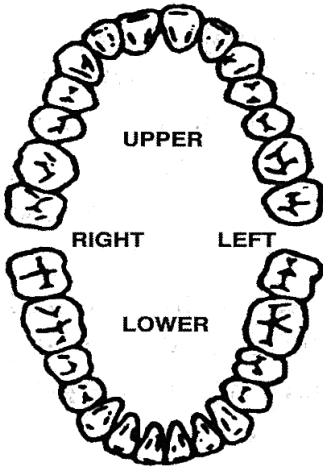
CITY: _____ STATE: _____ ZIP _____

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.