BEAR CREEK

DENTAL LABORATORY, INC.
8755 NC HWY 902
Siler City, N.C. 27344
(919) 353-2829

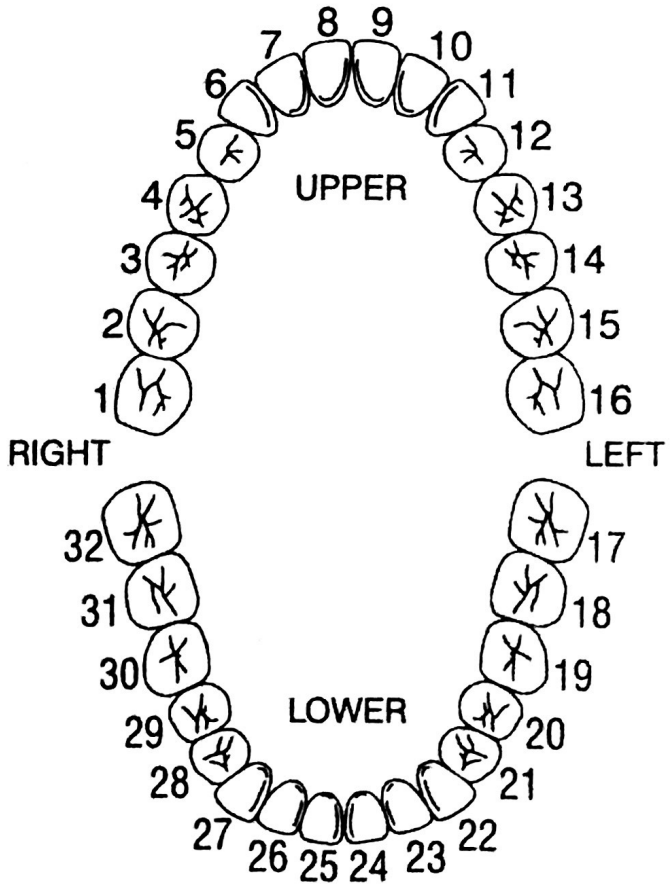
Patient or Case Number	Date

Denture Base Material	Make of Teeth	Mold	Shade

Date Needed _____

Description of Work

Instructions



Tryin _____

Finish _____

Repair _____

Reline _____ FULL ☐ PARTIAL ☐

Use Back for Further Instruction

Signature _____ D.D.S. License No. _____

Address _____ City _____ State _____