



**Accuteck Inc.**  
**Findley Dental Laboratory**

**(281) 682-8056**  
 TSBDE LIC 1133  
**LAB WORK ORDER**

**Patient:**

NAME (LAST) (FIRST) (MI)

ADDRESS

CITY ZIP

MALE  FEMALE

AGE \_\_\_\_\_

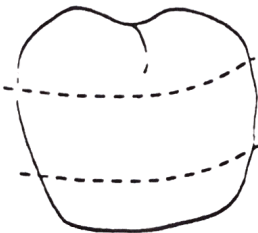
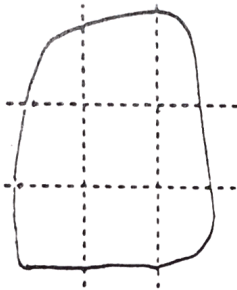
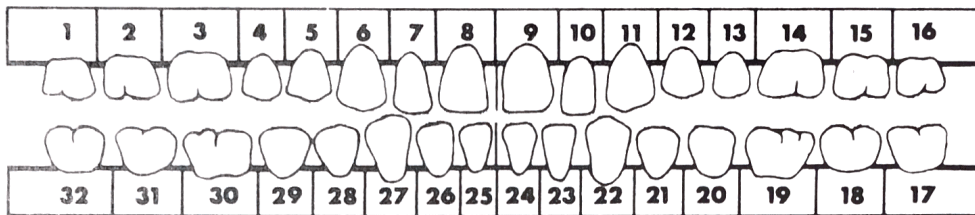
**Rx**

DR. \_\_\_\_\_

ADDRESS

PHONE

Date: \_\_\_\_\_ Date Requested \_\_\_\_\_



Shade: \_\_\_\_\_

Date

Doctor's Signature

Lic. No

1.50% CHARGE PER MONTH ON ANY BALANCE PAST DUE OVER 30 DAYS

4630 AUGUSTA • PASADENA, TEXAS 77505

WHITE - DELIVERY COPY

CANARY - ACCOUNTING COPY

PINK - DOCTOR'S COPY

FINDLEY WO 08/14