



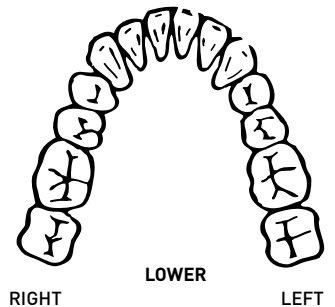
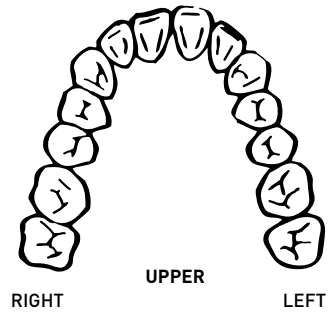
Quality and Service Case by Case

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DOCTOR		DATE	DATED WANTED	
ADDRESS				
CITY		STATE	PHONE	
PATIENT		AGE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
REMOVABLE	PRODUCTION STEP	FACIAL FORM	TOOTH SELECTION	FINISH ACRYLIC IN
IMPLANT CASES <input type="checkbox"/> LOCATOR <input type="checkbox"/> BAR <input type="checkbox"/> FIXED DETACHABLE DENTURE <input type="checkbox"/> STANDARD <input type="checkbox"/> JUDDYGUMS PARTIAL <input type="checkbox"/> CAST WIRONIUM <input type="checkbox"/> ACRYLIC PARTIAL <input type="checkbox"/> FRS (NYLON) <input type="checkbox"/> ACETAL CLASPS <input type="checkbox"/> VANISH CLASPS	<input type="checkbox"/> TRY-IN <input type="checkbox"/> FINISH <input type="checkbox"/> LOOK SEE <input type="checkbox"/> QUOTE	<input type="checkbox"/> SQUARE <input type="checkbox"/> TAPERING <input type="checkbox"/> OVOID	SHADE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> TRUBLEND <input type="checkbox"/> BIOBLEND IPN <input type="checkbox"/> BIOFORM IPN <input type="checkbox"/> PORTRAIT <input type="checkbox"/> IVOCLAR CHROMASCOP <input type="checkbox"/> IVOCLAR PE <input type="checkbox"/> VITAPAN <input type="checkbox"/> PHYSIODEN <input type="checkbox"/> KULZER PREMIUM	<input type="checkbox"/> 199 ORIGINAL SHADE <input type="checkbox"/> 199 LIGHT <input type="checkbox"/> 199 LIGHT REDDISH PINK <input type="checkbox"/> 199 DARK PINK <input type="checkbox"/> #11 COE LT. FIBERED + <input type="checkbox"/> #20 COE LOR MILD <input type="checkbox"/> #21 COE LOR MODERATE <input type="checkbox"/> #22 COE LOR HEAVY <input type="checkbox"/> #34 LIGHT <input type="checkbox"/> #35 LIGHT REDDISH PINK <input type="checkbox"/> #34 ORIGINAL



SIGNATURE OF DENTIST	LICENSE NO.	RX NO.
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