

# BIO-TECH PROSTHETICS

1112 East Central Road • Arlington Heights, Illinois 60005  
Phone: (847) 577-0990

WRITTEN WORK ORDER NUMBER \_\_\_\_\_

FROM: \_\_\_\_\_  
Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Patient's Name \_\_\_\_\_ or Identification Number \_\_\_\_\_

(Construct and deliver to the undersigned only, the herein described dental restoration)

INSTRUCTIONS: \_\_\_\_\_

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INSTRUCTIONS: \_\_\_\_\_

SHADE \_\_\_\_\_ MALE  FEMALE  TRY IN \_\_\_\_\_  
DENTIST'S LICENSE NUMBER: \_\_\_\_\_ Date Wanted \_\_\_\_\_  
Dated: The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

D-102

(Personal signature of dentist.)  
(In compliance with Illinois Dental Practice Act.)

SHADE \_\_\_\_\_ MALE  FEMALE  TRY IN \_\_\_\_\_  
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**BTP**  
Bio-Tech Prosthetics  
Dental Laboratory  
RX Form