



WHITE KNIGHT IMPLANTS, LLC

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IN CT 1-800-231-9995
wkidentallab.com

Laboratory Prescription

Doctor
Address

Date
Return Date

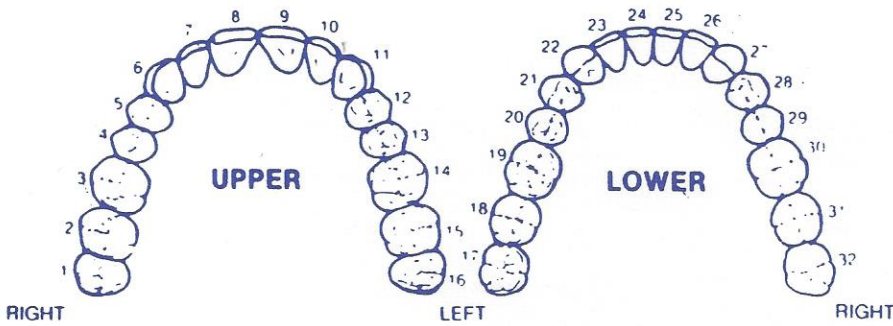
Patient

Male []
Female []

Type of Case:

Shade:

INSTRUCTIONS:



A service charge of 1.5% per month (18% annual rate) will be charged on balances 30 days past due.

Signature _____ Lic. No. _____