



St. Croix Dental Lab

672 Heritage Way, Hudson, WI 54016 ~ 715.410.1803

Dr. _____

Patient Name _____

Address _____

Date _____

City _____

State _____ Zip _____

Shade and/or Mould _____

Case Needed

Date _____

Time _____

Rx

COMPLETE DESCRIPTION

Dentist Signature _____ License # _____

See reverse side for additional instructions.