

TRAYS R US

Laboratory docket

Dentists name:

Practice Address:

Tel No:

Patients name:

Upper

Lower

Whitening trays:

Essix retainers:

Mouthguard:

Notes

Date Sent:

Date Required:

Contact Details: Mob: 079 2181 9696
100 Raydons Road, Dagenham RM9 5JL
GDC No:136138