

**LABORATORY WORK AUTHORIZATION**

*Helm Dental Laboratory*

2801 Capital St. • Wylie, TX 75098  
(972) 442-9772

**No 117164**

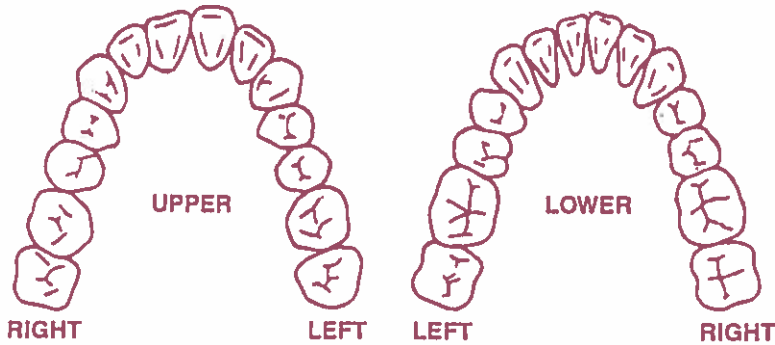
Due Date: \_\_\_\_\_ (Delivery made by 5:00pm)

Dr. \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient's Name \_\_\_\_\_

Patient Information: Age \_\_\_\_\_ Sex:  M  F

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



*Payment for laboratory work is due 30 days after the invoice date. A service charge of 1-1/2% per month will be charged on past due accounts. Accounts with balances over 60 days will automatically be placed on C.O.D.*

Signature of Dentist \_\_\_\_\_  
License Number \_\_\_\_\_ Date \_\_\_\_\_