DR. or PRACTICE NAME	PATIENT	DATE
	DUE DATE	TIME DUE
IN LAB WORK SCHEDULE	INSTRUCTIONS	
TRY-IN 3 WORK DAYS IN LAB SET & FINISH 4 WORK DAYS IN LAB PROCESS DENTURE 4 WORK DAYS IN LAB PROCESS FLEX 6 WORK DAYS IN LAB CAST FRAMEWORK 5 WORK DAYS IN LAB PLEASE ALLOW 1 DAY EACH FOR PICK-UP & DELIVERY	TRY-IN FINISH	SHADE
FRAMEWORK DESIGN 7 8 9 10 22 3 24 25 26 27 27 28 28 20 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 30 4 25 26 27 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	WILLIAMECO	MPANY
5605 W 73RD ST • INDIANAPOLIS, IN 46278 FAX: (317) 635-4071 • EMAIL: williamcperk@gmail.com PH: (317) 635-1000 • (800) 635-7141		

Please Indicate Doctor Name and/or Practice Name at the Top of This RX

SIGNATURE ___