



Office: (775) 827-6645  
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Reno, NV 89511  
www.n-sequence.com

For Office Use Only  
Ship by: \_\_\_\_\_  
Shipping In  \_\_\_\_\_

**Removable RX**

RX Date: \_\_\_\_\_

**Due Date: (required)**  By Noon  
See back for lab times  By 5pm

Incomplete Lab slip will delay your case

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

Patient LAST NAME, FIRST NAME Age Gender

**TEETH**

- PLASTIC
- COMPOSITE
- PORCELAIN
- OTHER: \_\_\_\_\_

**MOLD:**  
[Blue Box]

**SHADE:**  
[Blue Box]

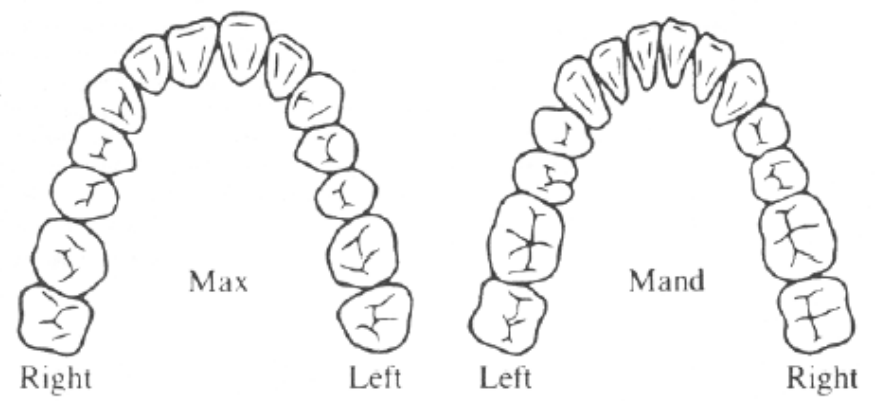
E-mail Pictures to: office@sequencedental.com

**Special Instructions:**

Call Doctor\*  
\*Allow 2 more days

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dentist Signature \_\_\_\_\_ Lic # \_\_\_\_\_



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**Ship To:**

Practice \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Payment Method:**  Visa  MasterCard  Amer. Express  \*Invoice  
\*New Clients will be billed by credit card unless credit application has been completed

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

