



# True Function Laboratory, Inc.

7851 University Ave, Ste 102  
La Mesa, CA 91941  
(619) 466-1872

Date: \_\_\_\_\_ Date Due: \_\_\_\_\_

Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

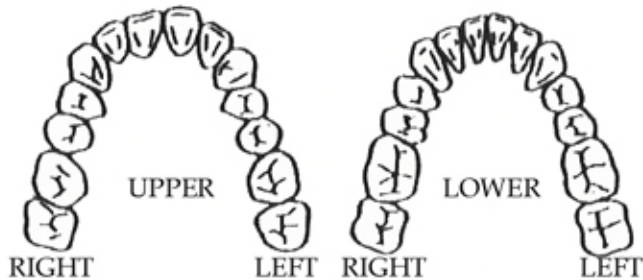
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Description \_\_\_\_\_

Tooth Shade \_\_\_\_\_ Acrylic Color \_\_\_\_\_

Special Instructions:



Signature \_\_\_\_\_ Lic. # \_\_\_\_\_

Thank You!



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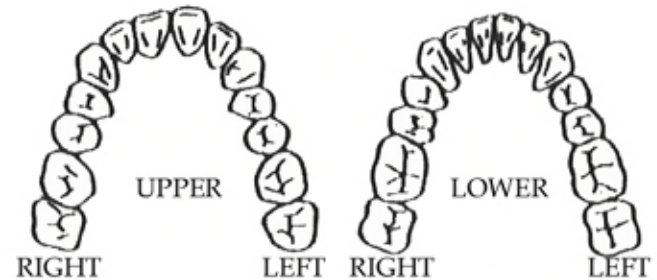
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