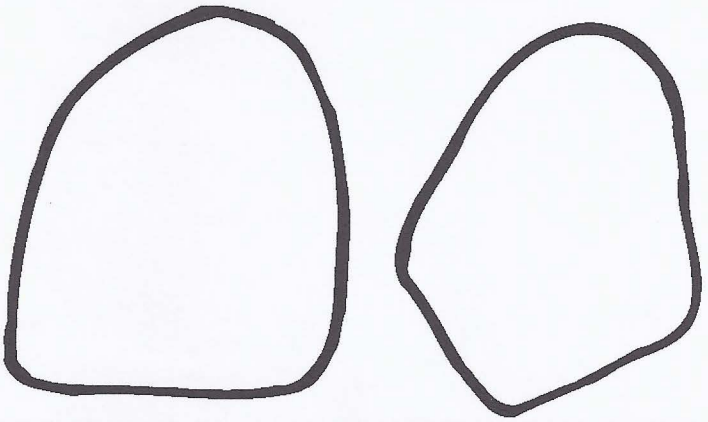
LABORATORY PRESCRIPTION

IN-HOUSE DENTAL STUDIO
40 West Elm Street, Suite 1E
Greenwich, CT 06830
Phone: 203-769-1622
inhousedentalstudio.com

DENTIST NAME:_____

PATIENT NAME:_____ Return Date:_____



Rx

Dentist Signature _____ Date _____