

# SHIELD DENTAL LABORATORY

Karlan T. Mitchell, CDT  
OWNER/OPERATOR

TX LIC #3597  
[512] 230-3163

ShieldDentalLab.com  
3799 FM 2313  
Kempner, TX 76539

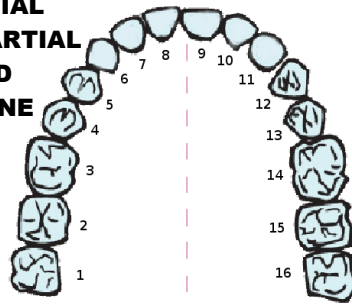
OFFICE NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DUE DATE \_\_\_\_\_

PT NAME \_\_\_\_\_ SHADE \_\_\_\_\_

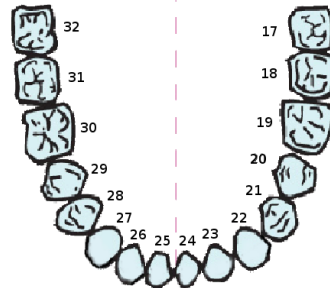
**PRODUCTS:**

- FULL DENTURE
- ACRYLIC PARTIAL
- METAL PARTIAL
- FLEXIBLE PARTIAL
- NIGHTGUARD
- REPAIR/RELINE
- OTHER



Right

Left



DR NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ LIC# \_\_\_\_\_

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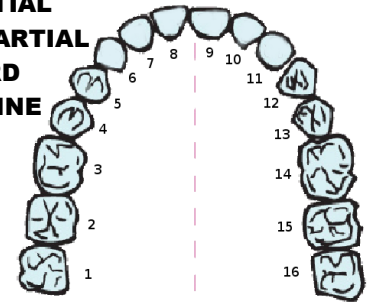
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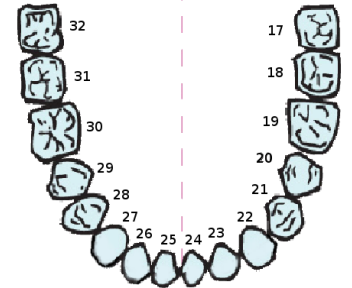
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