



IDEAL DENTAL LABS, LLC

1718 ACADIA HARBOR PLACE • BRANDON, FL 33511
OFFICE: 813.685.6493 • CELL: 813.245.0972

LABORATORY PROCEDURE AUTHORIZATION

DR. NAME:	DATE SENT:
STREET:	TIME IN:
CITY:	FINISH:
STATE: ZIP:	MATERIAL:
TYPE OF CASE:	SHADE:
PT. NAME:	MOULD:

R_x COMPLETE DESCRIPTION

*THIS FORM IS IN COMPLIANCE WITH FLORIDA STATUTES, SECTION 466.201

DENTIST'S SIGNATURE:	LICENSE NO:
THE PERSON SIGNING THIS AUTHORIZATION AND/OR DENTAL PRACTICE ACCEPTS RESPONSIBILITY FOR PAYMENT OF THE RELATED CHARGES AND AGREES TO PAY ALL LEGAL AND COLLECTION COSTS IN THE EVENT THE ACCOUNT IS IN COLLECTIONS OR LITIGATION, INCLUDING REASONABLE FEES.	