

**KAYLOR DENTAL LAB, INC.**

*Kaylor Made in the USA*

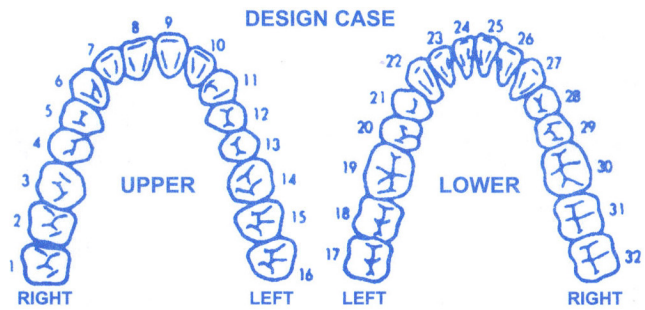
P.O. BOX 7725, WICHITA, KANSAS 67277-7725 • (316) 943-3226 FAX (316) 943-5729  
619 N. FLORENCE, WICHITA, KANSAS 67212-2136 • NATIONWIDE WATS 1-800-657-2549

**Dental Laboratory Work Authorization**

Doctor \_\_\_\_\_ Date \_\_\_\_\_

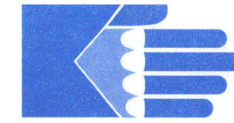
Address \_\_\_\_\_ City/State \_\_\_\_\_

Patient \_\_\_\_\_ Restoration \_\_\_\_\_



Shade \_\_\_\_\_  
Mould \_\_\_\_\_  
Material \_\_\_\_\_  
**Date Wanted:**  
Try-in \_\_\_\_\_  
Finish \_\_\_\_\_

Doctor Signature \_\_\_\_\_ License Number \_\_\_\_\_



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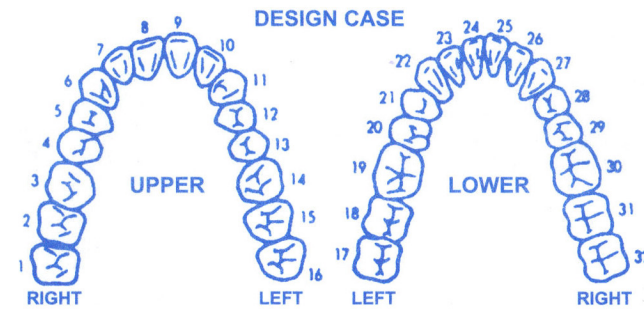
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