

Patient _____ Age _____

Address _____

Date _____ Doctor's Signature _____ Lic. No. _____

Net amount of invoice is due within 30 days of order, all balances beyond 30 days are subject to a Finance Charge. I agree to pay reasonable attorney's fees and collections costs if this account is referred for collection.



Time Wanted _____

Shade _____ Tryin Finish

CLARK
DENTAL
LABORATORY

Darrel G. Clark, CDT
TX RG # 02422
Bobby Clark, CDT

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