

# LAVALAB ORDERFORM

**KENPOLAND**  
**MILLING**  
lava™ zirconia centre

1 Devonshire Place  
London  
W1G 6HH

Date Sent \_\_\_\_\_

Return Date \_\_\_\_\_

Lab Name \_\_\_\_\_

Contact \_\_\_\_\_

Patient Name \_\_\_\_\_

Shade Required \_\_\_\_\_

Your Job Number \_\_\_\_\_

Tel +44 (0)20 7935 6919  
+44 (0)20 7486 2903  
Fax +44 (0)20 7486 3952  
info@kenpolanddental.co.uk  
www.kenpolanddental.co.uk

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

Comments / Support / Design \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ENCLOSURES

Bite

Study Cast

Master Cast

Die

## SERVICE

Standard 3 Day

Express Service (50% Surcharge)

## REORDER

More Lab Sheets Please

## OFFICEUSE

Date Received  
AM / PM

File Names \_\_\_\_\_

FS Shade \_\_\_\_\_

Comments

Invoice > Crowns

Bridges

Specials

Our Job No. \_\_\_\_\_

Date Left  
AM / PM

Invoice Number \_\_\_\_\_

Guarantee Card