

Schedule H

DENTISTS ACT, 1934

*Order For the Mechanical Construction or the Renewal or  
Repair of Artificial Dentures or Restorative Dental Appliances*

From .....

Address .....

.....

Telephone: .....

Order No: ..... Date: .....

INSTRUCTIONS

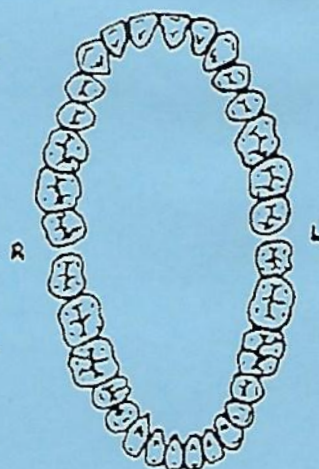
To: CANADIAN DENTAL LABORATORY PTY LTD  
419 Old South Head Road, North Bondi NSW 2026  
Ph: 9388 2216

Please carry out the following work:-

Patient: .....

Case Type: .....

	Anterior.	Posterior.
Teeth		
Shade		
Mould		
U.		
L.		



Work required:—

Date work required:—

.....  
Signature of Registered Dentist.

Further instructions overleaf.