



Zan Orthodontic Lab

Suite 222, 1 Katherine St, Chatswood NSW 2067 Australia

Mobile: 0426 766 868 Email: mrzanlee@gmail.com

ABN: 30 853 214 475

Doctor : _____

First Name : _____

Address : _____

Surname : _____

Other Info : _____

Date Sent: _____ Date due : _____ Time : _____

Instructions

Mx

Color

Insert

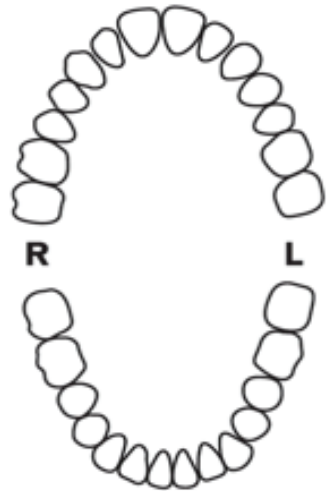
Md

Color

Insert

Lab Request No.

Please mark any special requests on diagram



Lab Fee A tax invoice and summary will be sent at conclusion of each month

Office Use :

Mx -----
Md -----
Models -----
Extras -----

Total -----

(excluding GST)