



# ASHFORD

an **ALS** company

## LAB TICKET FOR IMPRESSION SCANNING SERVICE ONLY

|                    |       |
|--------------------|-------|
| Dentist Name       |       |
| Dentist GDC No     |       |
| Signed             | ..... |
| Practice Site ID   |       |
| Practice Post Code |       |

|               |  |
|---------------|--|
| Email Address |  |
|---------------|--|

|              |  |
|--------------|--|
| Patient ID   |  |
| Patient Name |  |

|                |  |
|----------------|--|
| Other Comments |  |
|----------------|--|

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By sending this prescription you are agreeing to our terms and conditions.

\* This prescription **MUST** be signed by the suitably qualified prescriber named as 'client'.

