



Custom Ceramics Dental Laboratory.

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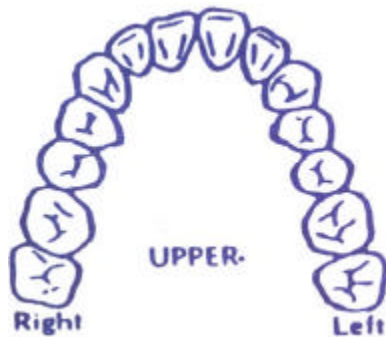
Date Sent _____ Date Wanted _____

Patient or Case No. _____

RX _____

SIGNATURE

LICENSE NO.



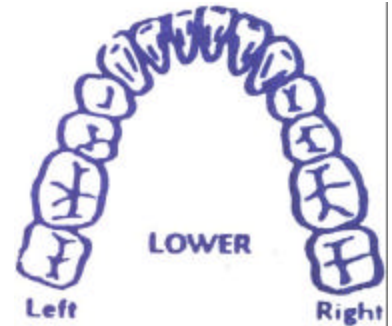
TRYIN _____ FINISH _____

SHADE _____

GUIDE _____

MOULD _____

TYPE TEETH _____



Doctors
Name
City & State

Use Back Side For Further Instruction