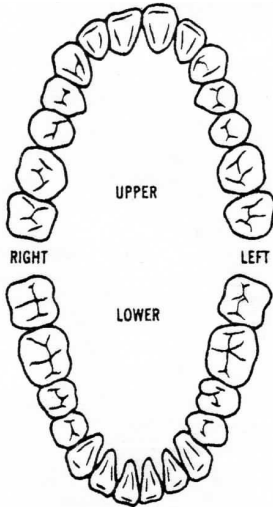




# THE DENTAL LAB

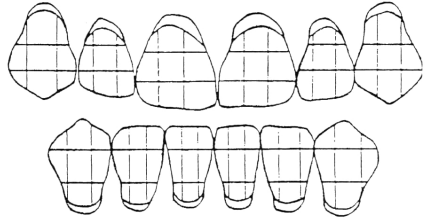
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Design Case Here

## Special Shade Instructions



Date \_\_\_\_\_

Patient Info: Gender \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_

Mold \_\_\_\_\_ Shade \_\_\_\_\_

Date Wanted \_\_\_\_\_ Time (9a/1p/4p/other) \_\_\_\_\_

## INSTRUCTIONS

DR. \_\_\_\_\_

Authorized Signature

License No. \_\_\_\_\_

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