THE DENTAL LAB 1515 Jackson Ave • Iowa City, IA 52240



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Main@TheDentalLablowaCity.com • (319) 337-9088 • 1 (888) 843-3522

	Special Shade Instructions		
UPPER EFT			
LOWER (F)	Date		
TO LUMEN R	Patient Info: Gender Age		
S	Name		
Change	Mold Shade	_	
Design Case Here	Date Wanted Time (9a/1p/4p/other)		

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	Special Shade Instructions		
UPPER EFT			
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INSTRUCTIONS

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DR.	DR.	
	Authorized Signature	Authorized Signature
License No	License No	

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