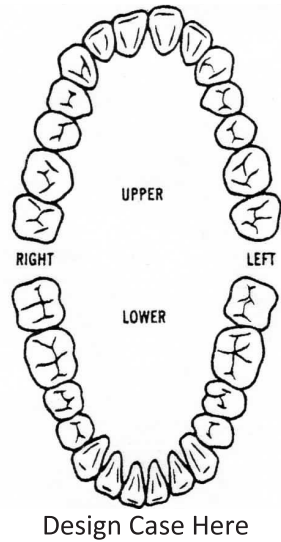




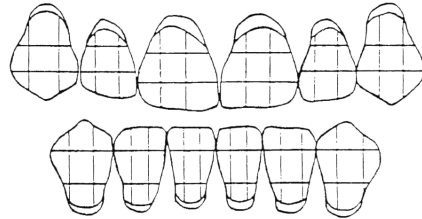
THE DENTAL LAB

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Special Shade Instructions



Date _____

Patient Info: Gender _____ Age _____

Name _____

Mold _____ Shade _____

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

INSTRUCTIONS

DR. _____
Authorized Signature

License No. _____

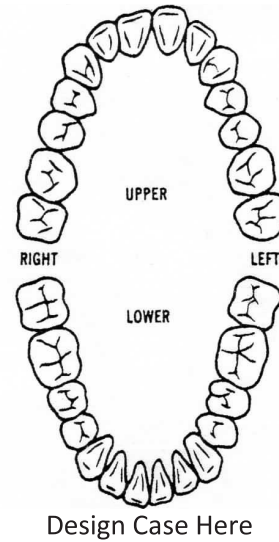
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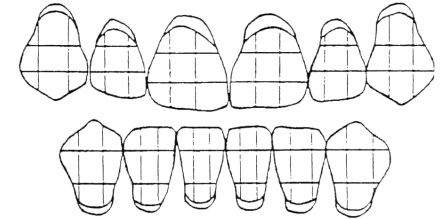
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