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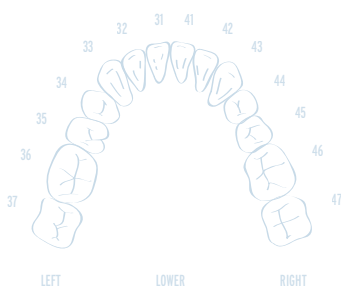
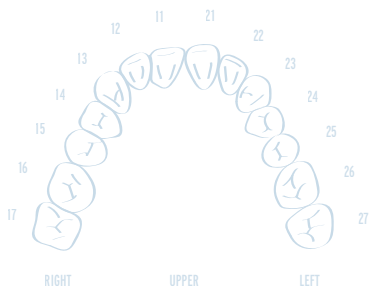
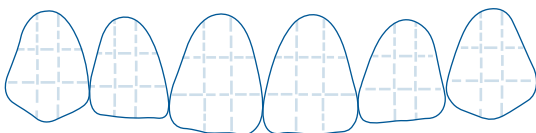
Dr.: _____ Patient: _____

Address: _____ Age: _____ M ☐ F ☐

Date: _____ Date Required: _____ Try-in ☐
Finish ☐

ALLOY	PRECIOUS ☐	SEMI-PRECIOUS ☐	NON-PRECIOUS ☐	PONTIC DESIGN	HARMONY ☐ 	RIDGELAP ☐ 	CONE ☐ 	HYGENIC ☐
MARGIN ADAPTATION	PORCELAIN BUTT MARGIN ☐	PORCELAIN TO MARGIN ☐	FINE GOLD COLLAR ☐	CONTACT EMBRASSURES	BROAD ☐ 	NORMAL ☐ 	POINT ☐ 	

SHADE: _____



Doctor's Signature: _____