DENTIBUS DENTAL LABORATORY

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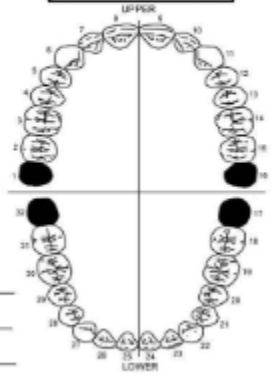
DR. _____ CASE # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PT. NAME _____ ☐ M ☐ F AGE _____
TYPE OF RESTORATION _____
DATE WANTED _____ TRY IN/FINISH _____

INSTRUCTIONS

SHADE _____

DESIGN CASE HERE



DENTIST LICENSE # _____
DATE _____
DENTIST SIGNATURE _____