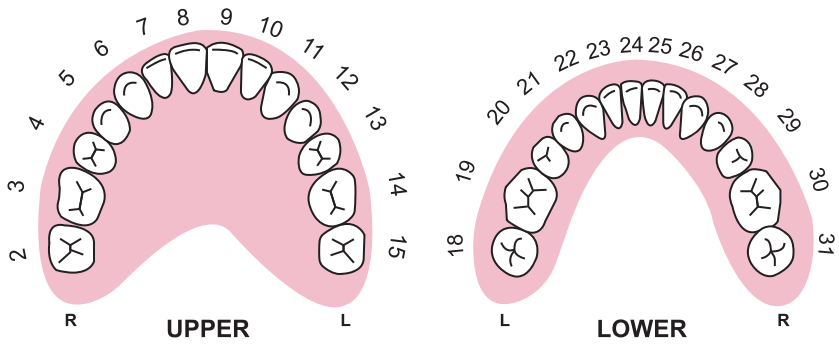
Dr. OFC Name: _____

Address: _____ Tel: _____

Patient Name: _____ Age: _____ Sex: M / F

DESIGN CASE HERE



SHADE: _____

☐ Metal Try-in
☐ Bisque Bake
☐ Finish

Pontic design(Check One)

☐ Regular

☐ Convex

☐ Sanitary

Doctor's Name _____ Signature _____

Pick Up Date _____ Return Date _____

Lab28
730 Grand Ave. Ridgefield, NJ 07657
Tel: 201-345-3533 I **www.labs28.com**

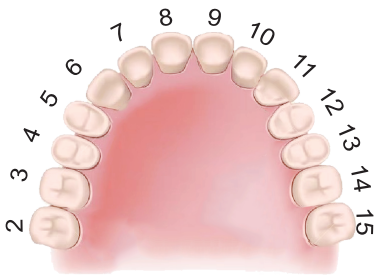
Dr. OFC Name: _____

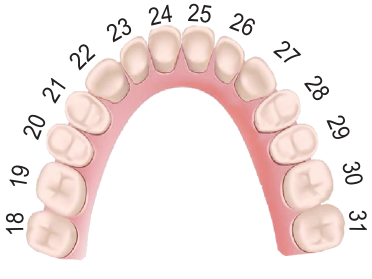
Address: _____ Tel: _____

Patient Name: _____ Age: _____ Sex: M / F

SHADE: _____

DESIGN CASE HERE





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