

INSTRUCTIONS:

PATIENT: _____

_____ INFECTIOUS DISEASE _____

SENT DATE: _____ RETURN DATE: _____

POSTERIOR TOOTH# _____ SHADE: _____

TRY-IN: _____ FINISH _____

SIGNATURE _____



39 East Woods Drive, Lititz PA 17543
Phone (717) 626-8806 • Fax (717) 626-2053

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