Country Dental Lab Phone: 205.353.4827

		Dat	iont Ago:	
ire		Pal	ient Age:	
	Economy/Imm	ediate		
	Deluxe			
0	Premium	Shade:		
I				
	Acrylic			
	Cast			
0	Flex		7 8	9 10
0	Flipper	Shade:		12/11
			4 🐑	(P) 12
rry			3 (3)	(3)14
	Light		2/8	(#)15
0	Medium		1(7)	¥ 16
0	Dark			0
dure			32(X)	(x)17
0	Bite rims		31(±)	(X)18
0	Wax try-in		30 (美)	(F)19
0	Process		29(3)	(X)20
			28	21
			27 26 25	24 23
	R			
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Dr's Name:		Phone #	
Office N	lame/City:		
Date Wanted:		Patient Name:	
Date W Denture Partial Maharry Procedure	Economy/Imm Deluxe Premium Acrylic Cast Flex Flipper ——— Light Medium Dark Bite rims Wax try-in Process		Patient Age:
- -	Dentist Signature		
	cense #:	-	Date: