

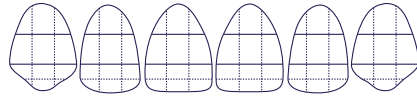
DENTIST
Name _____ Delivery Date _____

Address _____ Phone _____

PATIENT/CASE
First Name _____ Last Name _____

Age _____ Gender **M** **F**

Colors/Shades _____
Preparation Color(s) _____



Tooth Number(s) _____

Instructions _____

Dentist's signature (mandatory) _____ Date _____



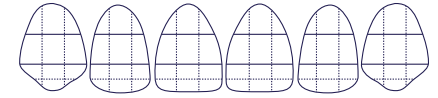
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