

Surgeon

Patient

Type of Restoration

Age

Date Required

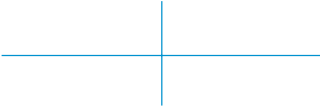
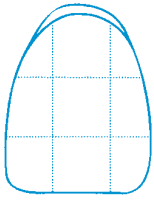
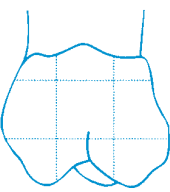
Date Time

Have enclosed items been disinfected

Yes No

To Replace

Shade

Case Instructions

For Office Use Only			Inv No.		
Bite	Bitefork	Date Received	Alginate Impression	Rubber Impression	Study Models
Wax			U.	U.	U.
Rubber	Photo		L.	L.	L.
Weight	Booked	Scanned	Material		
Other	Finish Date	Designed	Type of Restoration		

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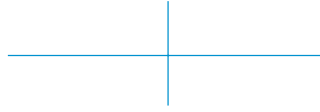
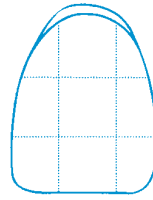
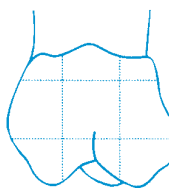
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