

Lab: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient: \_\_\_\_\_

Due: \_\_\_\_\_ Time: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Items enclosed in shipment:
	_____ Model Upper
	_____ Model Lower
	_____ Single Die
TECH: _____	_____ Impression
	_____ Bite
Q/C: _____	_____ Articulator

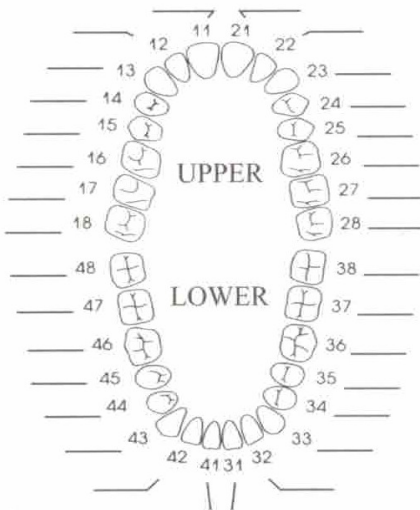


Ditch dies to identify margins...  
 Don not over ditch

SHADE: \_\_\_\_\_

INSTRUCTIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ 356 Dean Ave., Unit 2, Oshawa, ON L1H 3E2



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