

INSTRUCTIONS.....

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LIVE CERAMICS email info@liveceramics.com
DENTAL LABORATORY www.liveceramics.com

DATE / /

DOCTOR

PATIENT

PROSTHESIS

SHADE **STUMP SHADE**

PHOTOGRAPHIC SHADE FROM DOCTOR

YES

NO

Please e-mail photos to liveceramics1@gmail.com

SHADE DATE AT LIVE CERAMICS / /

TRY IN DATE / /

FINISH DATE / /

IMPLANT

SYSTEM NAME

SIZE

