

INSTRUCTIONS.....

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LIVE CERAMICS
DENTAL LABORATORY

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.....

OFFICE USE ONLY

INVOICE NO	DATE IN		DATE OUT		INITIALS
	ITEM	QUANTITY	DATE	DATE	

BASIC SHADE

STUMP SHADE

