

DENTIST:



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No.:

DATE SENT:

DATE DUE:

PATIENT:



SHADE

Age  
M F

PONTICS



High Water Pontic,  
for gold bridges

Photos : \_\_\_\_\_  
Bite sent : \_\_\_\_\_  
Impressions : \_\_\_\_\_  
Teeth : \_\_\_\_\_  
Arti : \_\_\_\_\_  
Other : \_\_\_\_\_

Precious  
Semi-  
Precious  
Non -  
Precious

Date 1:            Date 4:  
Date 2:            Date 5:  
Date 3:            Date 6:

Please call me !

Order:

Date Due 1: \_\_\_\_\_  
Date Due 2: \_\_\_\_\_  
Date Due 3: \_\_\_\_\_

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Registercourt Luebeck: HRB 4829

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