

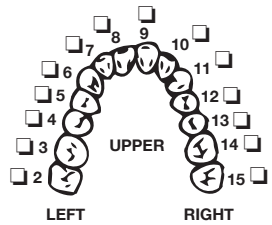
DR \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_ PATIENT \_\_\_\_\_

CITY \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

STATE \_\_\_\_\_ DUE \_\_\_\_\_ AT \_\_\_\_\_

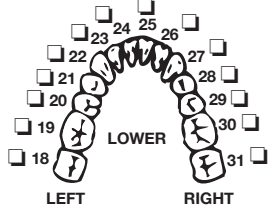
PHONE \_\_\_\_\_ TRY IN \_\_\_\_\_ FINISH \_\_\_\_\_



SHADE \_\_\_\_\_

MOULD \_\_\_\_\_

MATERIAL \_\_\_\_\_



STAINING INSTRUCTIONS



INSTRUCTIONS \_\_\_\_\_

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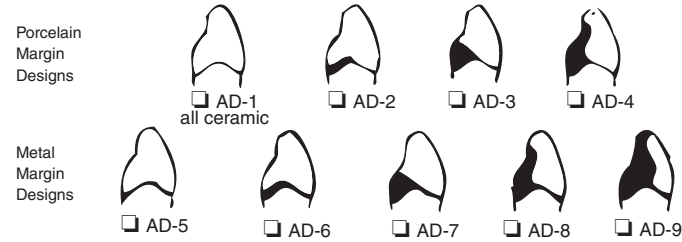
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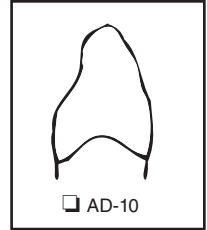
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PATIENT: \_\_\_\_\_

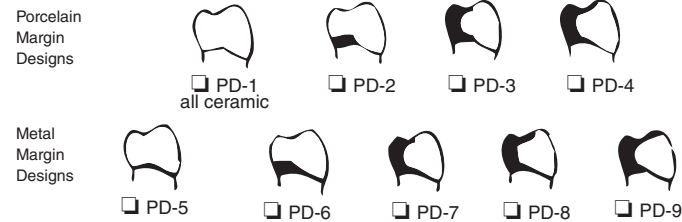
**ANTERIOR DESIGN (AD) OPTIONS**



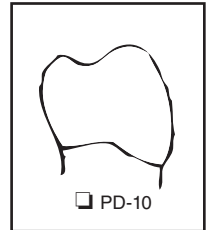
Draw Your Design



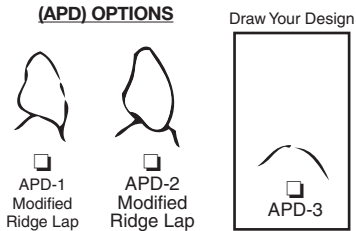
**POSTERIOR DESIGN (PD) OPTIONS**



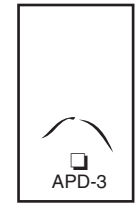
Draw Your Design



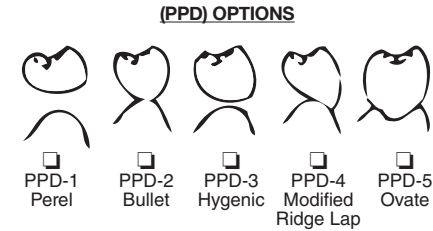
**ANTERIOR PONTIC DESIGN (APD) OPTIONS**



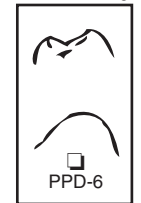
Draw Your Design



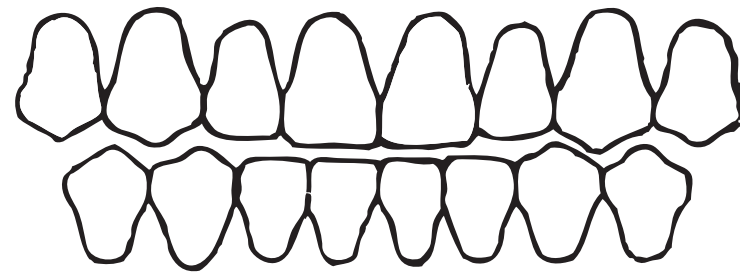
**POSTERIOR PONTIC DESIGN (PPD) OPTIONS**



Draw Your Design



**CHARACTERIZATION**



DRS SIGNATURE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

PLEASE SEND: RX PADS  MAILING LABELS  BOXES