



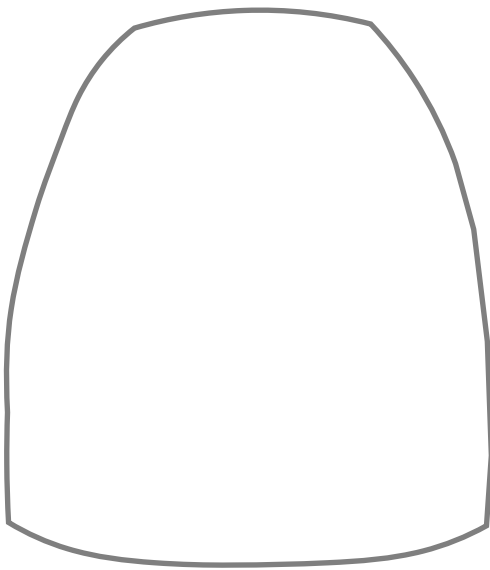
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Dr _____ Return Date _____

Patient _____ ☐ M ☐ F

Material ☐ zirconia ☐ e.max

Shade _____



Instruction

[illegible]