153 Style Canada

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Send photo by email to style153dentallab@gmail.com

Doctor: _____ Date: _____

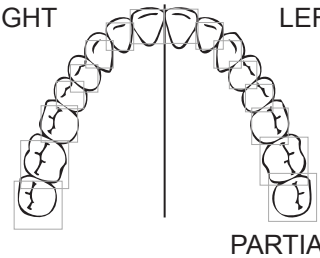
Patient: _____ Sex: _____ Age: _____

Time Wanted: _____

- ❑ Complete Denture
- ❑ Cast Partial
- ❑ Acrylic Partial
- ❑ Flexible Partial
- ❑ Acetal Frame Partial
- ❑ Styledenture
- ❑ Finish
- ❑ Wax Try-In
- ❑ Bite Block
- ❑ Reline
- ❑ Repair
- ❑ Custom Tray
- ❑ Splint
- ❑ Orthodantic Appliance
- ❑ Snoring Appliance
- ❑ Miscellaneous

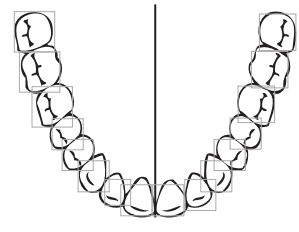
UPPER

RIGHT LEFT



LOWER

RIGHT LEFT



PARTIAL DENTURE DESIGN

Rx_

SHADE _____ MOLD _____

❑ Patient will come for custom shade

❑ Teeth to be extracted: # _____

Doctor's Signature _____