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RETURN DATE _____ TODAY'S DATE _____

Patient's Name _____	Date _____
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FULL DENTURE

- Complete Upper
- Complete Lower
- Immediate Denture

PARTIAL

- Valplast Partial
- Acrylic Partial
- Cast Frame Partial
- Set up
- Process

DENTURE REPAIR RELINE

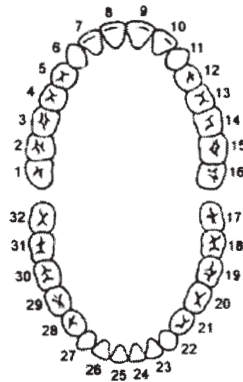
- Cusil
- Add a tooth
- Repair denture or partial
- Rebase
- Reline

GUARDS

- Night Guard
- Sports Guard

SPECIAL INSTRUCTIONS

Shade



Signed Dr. _____

Address _____
