



thompson dental laboratory

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DENTIST		
DATE		
PATIENT	M / F	AGE
TOOTH SHADE		
JOB TYPE		
TEETH		
SP TRAYS	Date	
CAST IMP		
BITE BLOCK	Date	
TRY-IN	Date	
RE-TRY	Date	
WAX & PROCESS		
FINISH DATE		
DENTIST'S REMARKS		