



# PC DENTAL LAB

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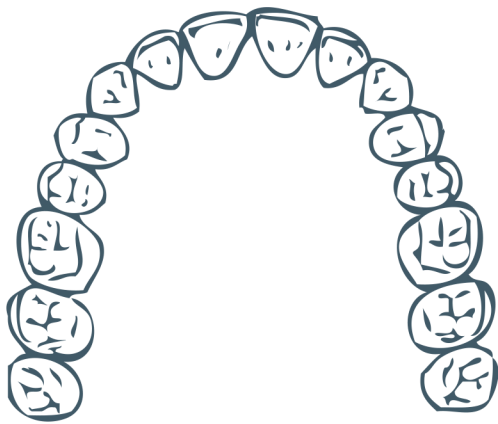
DATE: \_\_\_ / \_\_\_ / \_\_\_  
          D      M      Y

DOCTOR: \_\_\_\_\_

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

ESSAI  FINISH  BACK ON: \_\_\_\_\_

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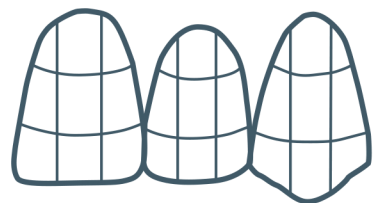


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INSTRUCTIONS:

COLOUR: \_\_\_\_\_



SIGNATURE

LICENCE #