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## Specializing in Cosmetic & Combination Cases

**Doctor** ..... **Date** .....

**Address** .....

**Patient** .....

Male     Female    Age .....

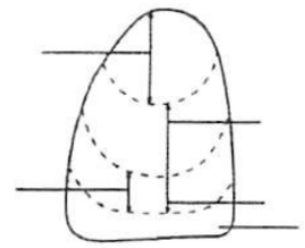
**Shade** ..... **Mould** .....

**Try in Date** ..... **Time** .....

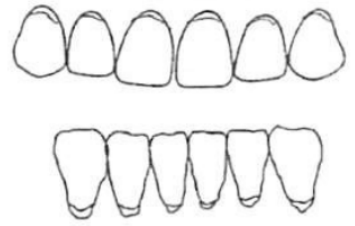
**Finish Date** ..... **Time** .....

**Type of Alloy** .....

**Type of Restoration** .....

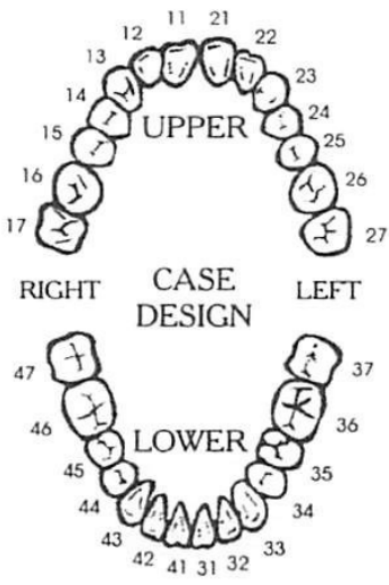
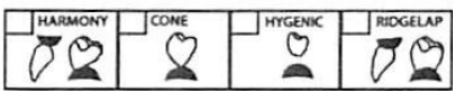


### Customization



## Case Requirements

### Pontic Design



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**Dentist's signature** .....

*Thank You!*