

FELPHAM DENTAL CERAMICS

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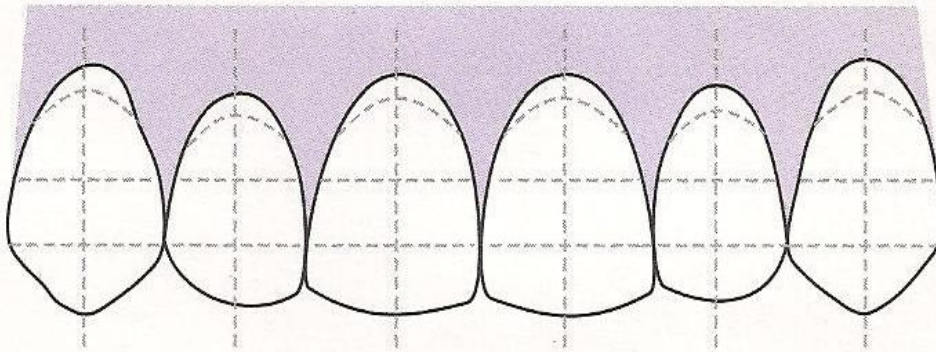
LABORATORY PRESCRIPTION

Job No.

Lab Fee £

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Please complete all shaded boxes



CASE INSTRUCTIONS

ALLOY

gm

Shade

Client and Address:

Custom made device for
Mr. Mrs. Miss.

Date Started:

Finish:

Day before patient's appointment

Signed by

Surgeon:

Notes:

Private:

NHS:

<input type="text"/>	<input type="text"/>
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Date Received and Accepted By:

Date:
