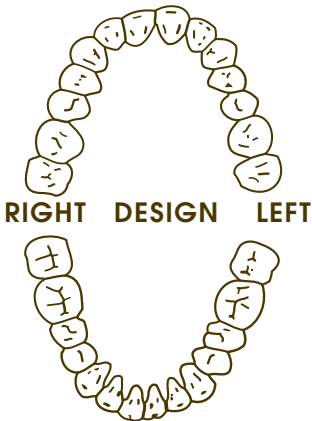


SPECIALISING IN PROSTHETICS AND ORTHODONTICS

Patient:		Client:	
		Address:	
		Phone:	
Special Tray:		Registration:	Try In:
Date:	am/pm	Date:	am/pm
Date:	am/pm	Date:	am/pm
Retry:		Finish:	
Date:	am/pm	Date:	am/pm

Instructions:



Appliance:	Teeth:
	Shade:
	Mould: