

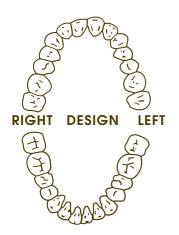
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## SPECIALISING IN PROSTHETICS AND ORTHODONTICS

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

## Instructions



Appliance:	Teeth:
	Shade:
	Mould: