



ROSHEN
DENTAL LAB

312 Dolomite Dr., Unit #228, Toronto, ON M3J 2N2
Tel: 416.826.4576, Fax: 647.436.8030

DATE: _____ 201

DOCTOR: _____

ADDRESS: _____

PATIENT'S NAME: _____ AGE: _____

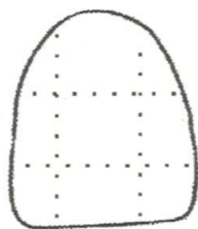
MALE FEMALE SHADE _____

FINISH/TRY IN/CASE ON _____ A.M. _____ P.M.

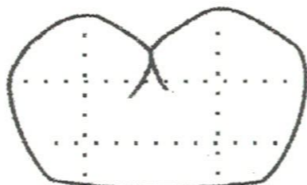
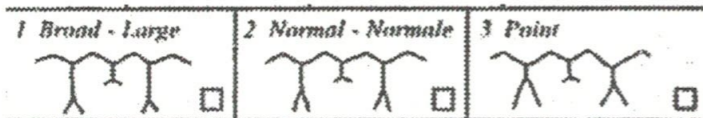
PONTIC DESIGN



- | | |
|-------------------------------------|---|
| <input type="checkbox"/> GOLD | <input type="checkbox"/> PORCELAIN BUTT |
| <input type="checkbox"/> SEMI-PREC. | <input type="checkbox"/> 360 PORCELAIN |
| <input type="checkbox"/> NON-PREC. | <input type="checkbox"/> LINGUAL METAL BAND |



Contacts - Embrasures



NOTES:
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Signature:DDS



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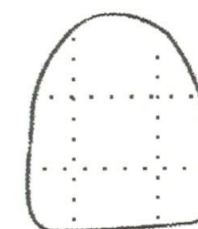
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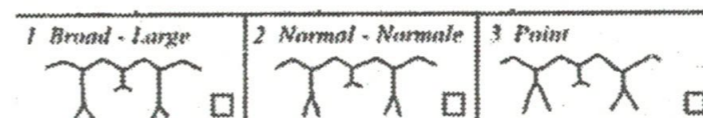
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