

ADVANCED

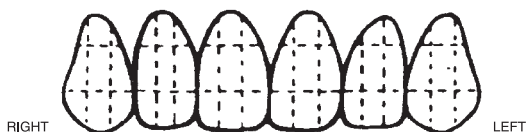
Dental Laboratory

Dr. _____ Date _____

Address _____

Patient _____

Date _____
Wanted _____ Shade _____



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

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