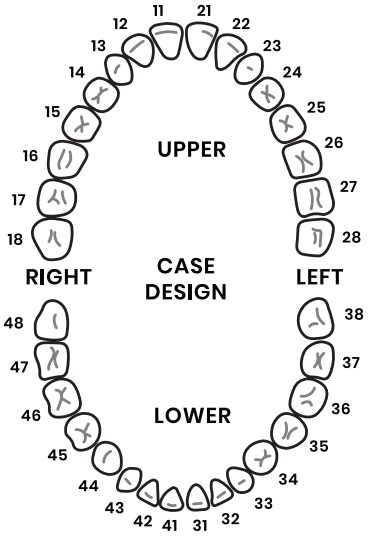
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Patient: .....

MALE ☐ FEMALE ☐ AGE: .....

Type of Restoration: .....

Shade:..... Mould:.....

Try-in Date: .....

Finish Date:..... Time: .....

Dentist's Signature: ..... ☐ Over>