Geelong
Dental
Laboratory

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Instruction Chart

Dentist's Name.....

Patient's Name.....

Type.....

Shade.....Mould.....

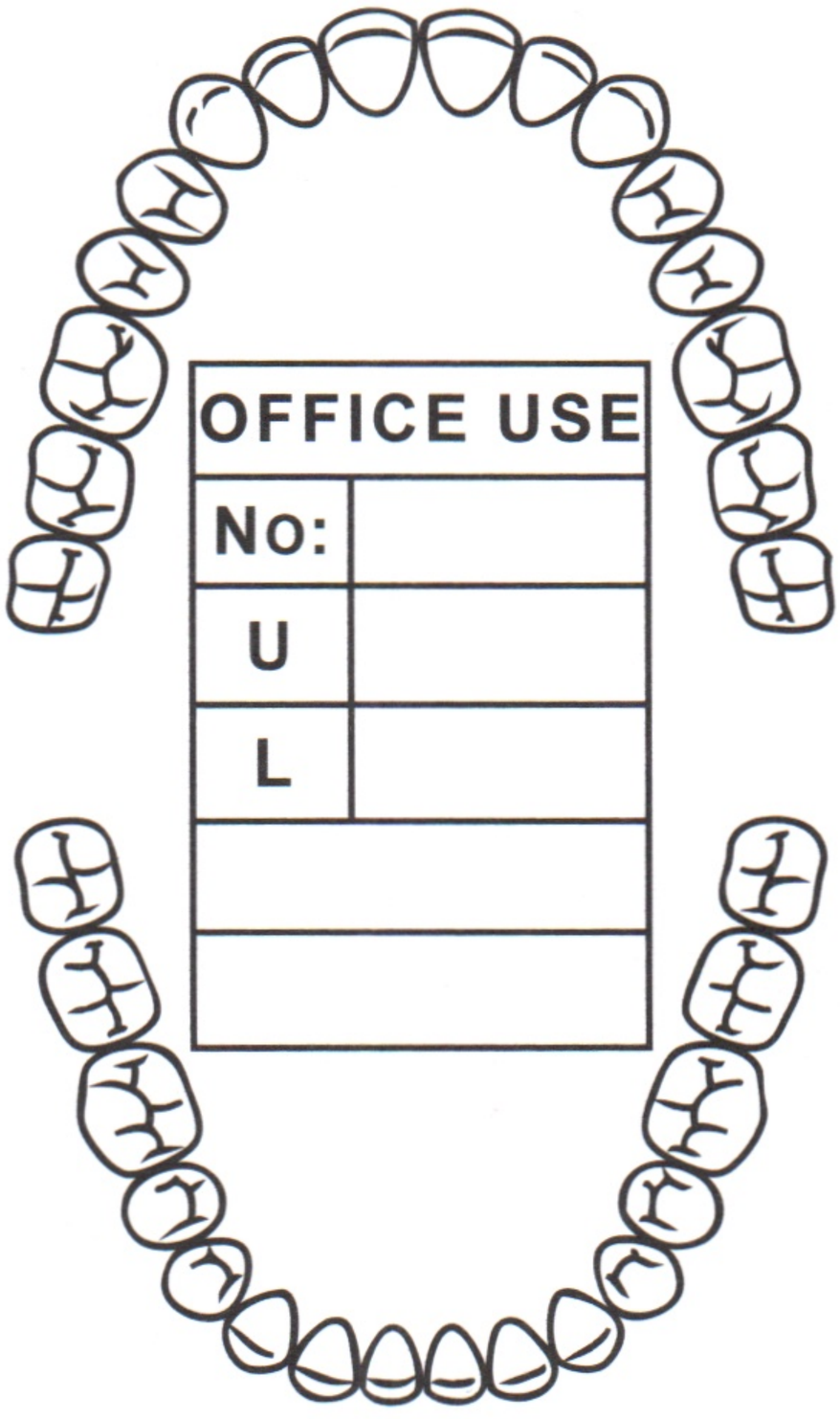
Trays U ☐ L ☐ Date Required.....

Registration Date Required.....

Try in 1 Date Required.....

Try in 2 Date Required.....

Finish Date Required.....



Special Instructions.....

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