Spectrum DENTAL LAB

Dentist:

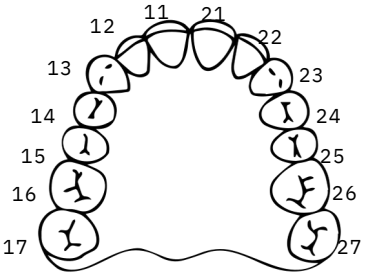
Clinic:

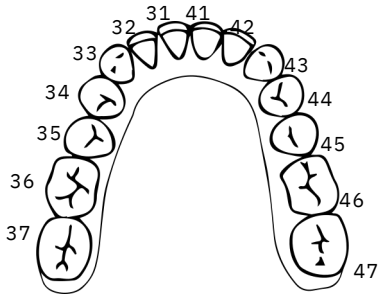
Date Prepared:

Date Due (by 5pm):

Patient Name:

Shade





Instructions / Comments

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