

Mark



**IDEAL Laboratory**

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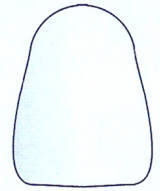
**Patient's Info**

Patient (Name and Surname): \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F Bruxist:

Any allergies: \_\_\_\_\_

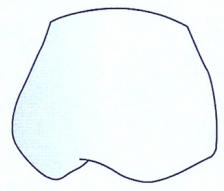
**Job Description**

- FIXED PROTHESIS
- SKELETONIZED PROTHESIS
- DENTURE
- COMBINED PROTHESIS
- TEMPORARY



18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Shade: \_\_\_\_\_



Attached Components

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Impression material: \_\_\_\_\_

Disinfected with: \_\_\_\_\_

Infectious diseases: \_\_\_\_\_

Dentist's Signature

Delivery Date: \_\_\_\_\_