

dentiformaustralia

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E: info@dentiform.com.au

Date: _____

Dr: _____

Ph: _____

Patient: _____

Age: _____

Date required by 5pm*: _____

* please pre-date 2 working days to allow for freight

CASE DETAILS:

MATERIAL:

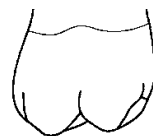
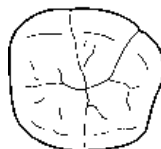
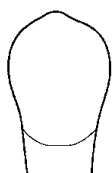
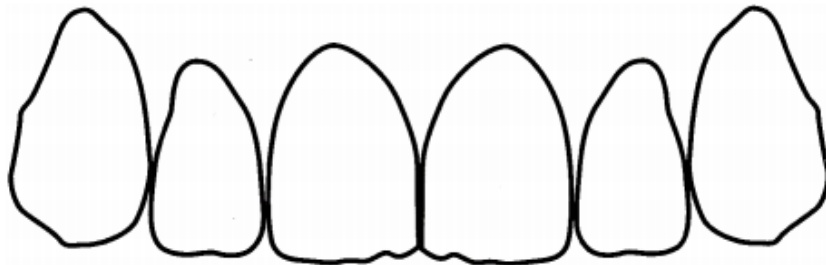
- zirconia
 - layered
 - monolithic
- IPS Emax
 - layered
 - monolithic
- high gold yellow
- semi precious
- CoCr
- Pekkton
- titanium
- PMMA

SHADE INSTRUCTIONS:

call me

patient to see lab

patient ph#: _____



Dr. Signature: _____