Phoenix Dental Lab

3995 Smith St Suite #1, Union City, CA 94587

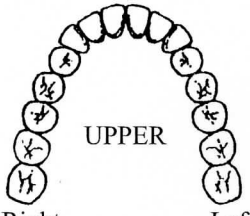
Lab: (510) 585-3455

Date: _____

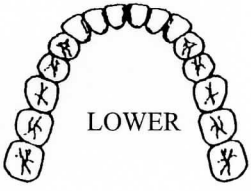
Patient's Name: _____

Doctor's Name: _____

Shade: _____ Due Date: _____



Right Left



Left Right

Instructions: _____

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