

DENTEX DENTAL LABORATORY

Office Use Only

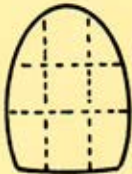
187 King Street East, Oshawa, Ontario L1H 1C2
905-576-1164

Doctor _____ Date _____

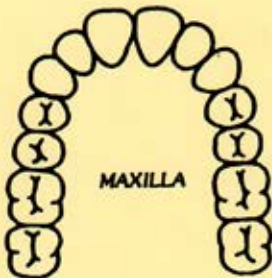
Address _____ Date Required _____

Time _____ a.m. p.m.

Patient's Name _____



CHARACTERIZATION
AND SHADE



MAXILLA



MANDIBLE

Signature _____ DDS