



Ernesto Rivera
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PATIENT _____ AGE ____ M ____ F ____

SHADE _____	CROWNS: HOW MANY OF EACH

SPECIAL INSTRUCTIONS	<input type="checkbox"/> <input type="checkbox"/>
_____	PORC GOLD

_____	ALLOY
_____	<input type="checkbox"/> PRECIOUS
_____	<input type="checkbox"/> SEMI-PREC
_____	<input type="checkbox"/> NON-PREC
_____	YES NO
_____	<input type="checkbox"/> <input type="checkbox"/> OCCL
_____	STAINING
_____	<input type="checkbox"/> <input type="checkbox"/> METAL
_____	OCC'N
_____	<input type="checkbox"/> <input type="checkbox"/> BUC/LAB
_____	METAL COLLAR

TIME

DATE PREPARED ____/____/____ DATE DUE BACK ____/____/____

SIGNATURE _____ Lic. No. _____

DOCTOR: _____

ADDRESS: _____

CITY, STATE: _____



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