



JON YOUNCE

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| OFFICE USE ONLY |
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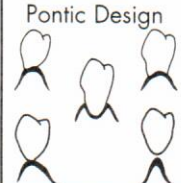
Doctor's Name _____ Case Pan# _____

Patient's Name _____

Age _____ Sex: Male Female

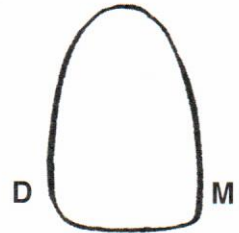
Shade: _____ Imp. Date: _____ Return Date: _____

- Full Porcelain Coverage (Standard)
- Lingual Metal Collar _____ mm
- 360° Metal Collar _____ mm
- 180° Porcelain Margin
- Other _____



| W | O | B | PO |
|---|---|---|----|
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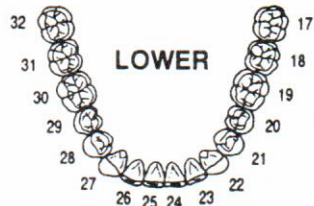
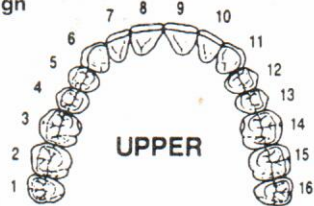
Specific Instructions



 Dentist's Signature

 License No.

Case Design



We strive to give your patients the absolute best!

White - Lab Copy

Canary - DDS Copy