



THE DENTURE STUDIO

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478 Stirling Highway, Cottesloe WA 6011

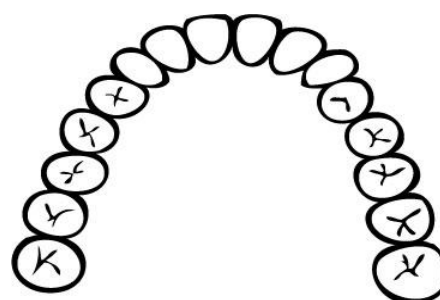
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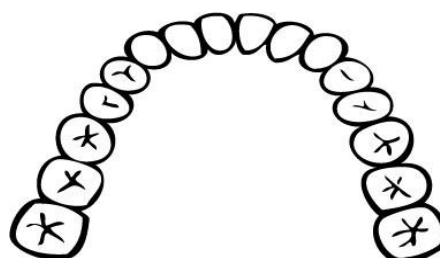
DATE	/ /	OPERATOR
CLINIC		
PATIENT NAME		SEX - M / F
NATURE OF WORK		
SHADE	MOULD	

Please provide appointment dates to avoid dissapointment.

Fabrication Stage	Clinical Date		Time
Final Impression	/		
Relation	/		
Try In	/		
Retry	/		
Insert	/		
Repair	/		
Reline	/	Imp	
	/	Ins	
Other	/		



UPPER



LOWER

Instructions
