

LAB COPY

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# Schumacher Dental Laboratory, Inc.

Specializing in Dentures & Partial Frameworks

Quality Prosthetics Since 1951

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NAME - DDS			DATE
ADDRESS		PHONE (    )	
CITY	STATE	ZIP	DDS CELL PHONE (    )

## PATIENT'S INFORMATION

NAME		MALE <input type="checkbox"/>	AGE
		FEMALE <input type="checkbox"/>	
TIME WANTED			
<input type="checkbox"/> TRY IN		<input type="checkbox"/> FINISH	
Check Basic Face Form: <input type="checkbox"/> Vigorous <input type="checkbox"/> Delicate <input type="checkbox"/> Soft			
<input type="checkbox"/> Square	<input type="checkbox"/> Ovoid	MOULD  SHADE	
<input type="checkbox"/> Square Tapering			
<input type="checkbox"/> Tapering			

## INSTRUCTIONS

**R** \_\_\_\_\_  Over

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FURTHER INSTRUCTIONS AND DESIGN ON BACK OF FORM

DENTIST'S SIGNATURE \_\_\_\_\_ DDS  
LICENSE NO. \_\_\_\_\_