



PATTERSON
DENTAL

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DENTIST:	DATE SENT:
SURGERY:	DATE REQ: (one day before fit)
PATIENT NAME:	DATE & TIME OF APPOINTMENT:

CROWN, BRIDGE & IMPLANT

PRESCRIPTION / INSTRUCTIONS

SHADE REQ:

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

PHOTOS SENT YES NO

IMPLANT SYSTEM:

MATERIALS / PRODUCTS / ACCESSORIES INCLUDED BY THE DENTIST