

Acrylic Lab Sheet

Dentist: _____ Patient: _____

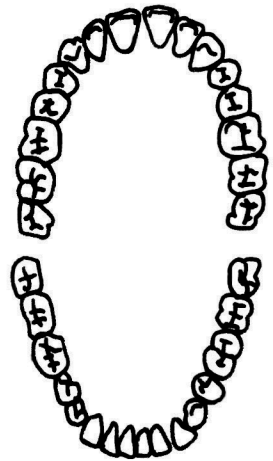
Case: _____ Shade: _____

Tray: _____ Bite: _____

Try In: _____ Retry: _____

Finish: _____

Special Instructions:



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