

Smile SOURCE[®] CASE



idasmls.com | info@idasmls.com
 Tulsa: 918-744-8885 | OKC: 405-463-0573

Date _____

Address _____

<p>Design Case Here</p>	Patient _____ Type Restoration _____ _____ Shade _____ Mould _____ Material _____ _____ Date Wanted _____ Try in _____ Finish _____
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Please print or write legibly and make instructions as complete as possible.

Signature _____ D.M.D.
 _____ D.D.S.

Address _____

License No. _____

MUST BE RETAINED BY DENTAL LABORATORY FOR 3 YEARS

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