

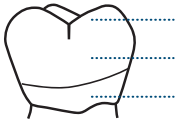
LAB SHEET

PLEASE PRINT CLEARLY

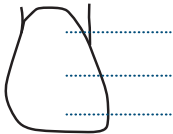
Doctor:	Clinic:
Date Prepared:	Date Due:

Patient Name: _____

SHADE DETAILS:



STUMP SHADE:
(Required for full ceramic restorations)



INSTRUCTIONS / COMMENTS:

[illegible]