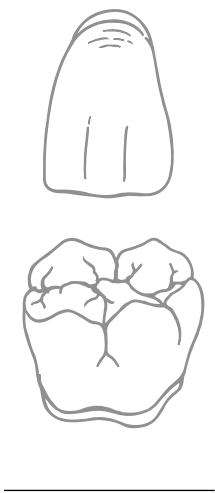


# THE SMILE LAB

DENTIST	CLINIC	
PATIENT	AGE	GENDER   M / F
DATE PREPARED		
APPOINTMENT DATE • TIME		

INSTRUCTIONS / COMMENTS	SHADE
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- Please send intra-oral scan files or photos to [info@thesmilelab.co](mailto:info@thesmilelab.co)

Impression or model	<input type="checkbox"/> Maxilla	<input type="checkbox"/> Mandible	<input type="checkbox"/> Study
<input type="checkbox"/> Bite registration			
<input type="checkbox"/> Shade guide	<input type="checkbox"/> Old crown	<input type="checkbox"/> Denture	
<input type="checkbox"/> Impression coping	<input type="checkbox"/> Lab analog	<input type="checkbox"/> Abutment	