

Dentist:

Patient:

Age: 

17	16	15	14	13	12	11	21	22	23	24	25	26	27
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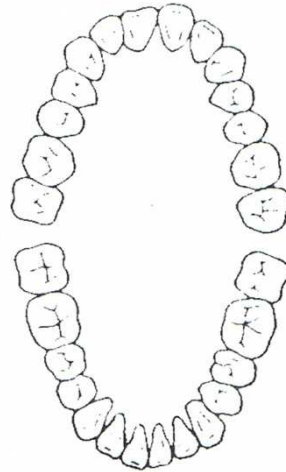
Shade: 

47	46	45	44	43	42	41	31	32	33	34	35	36	37
----	----	----	----	----	----	----	----	----	----	----	----	----	----

Restoration:

Finish Date: / /

Instructions:



 **EXCEL**  
Dental Laboratory

**Postal Address**  
PO Box 8235 BARGARA QLD 4670

**Laboratory Address**  
28 See St BARGARA QLD 4670

**Phone**

**0419 756173**

[www.exceldentallab.com.au](http://www.exceldentallab.com.au)  
[info@exceldentallab.com.au](mailto:info@exceldentallab.com.au)

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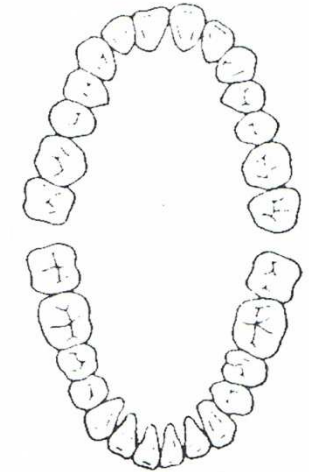
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[info@exceldentallab.com.au](mailto:info@exceldentallab.com.au)