



ISOMORPHICS

DENTAL INC

ADVANCED DESIGN AND TECHNOLOGY

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R_x Description

Doctor _____

Patient _____

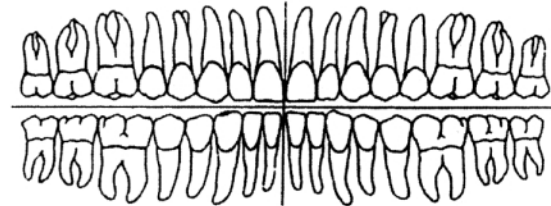
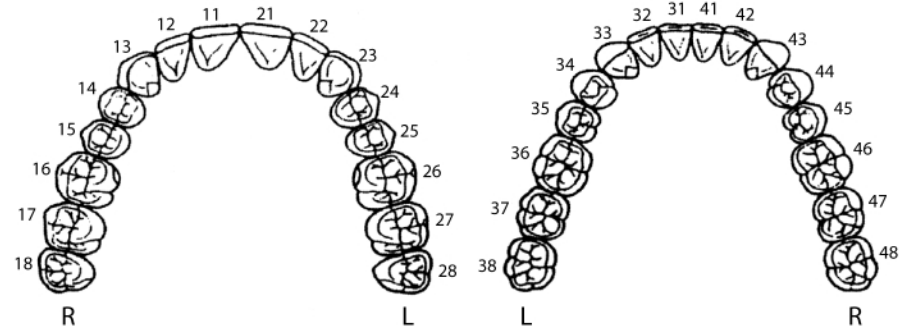
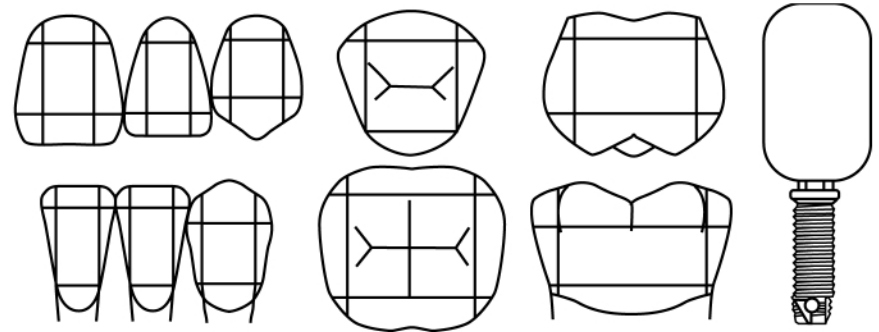
Sex M F Age _____

Shade _____

Surface Texture SMOOTH MODERATE HEAVY
FINISH TRY IN

Date required: _____

Illustrate Case Design Here



Dr.'s Signature

Date _____