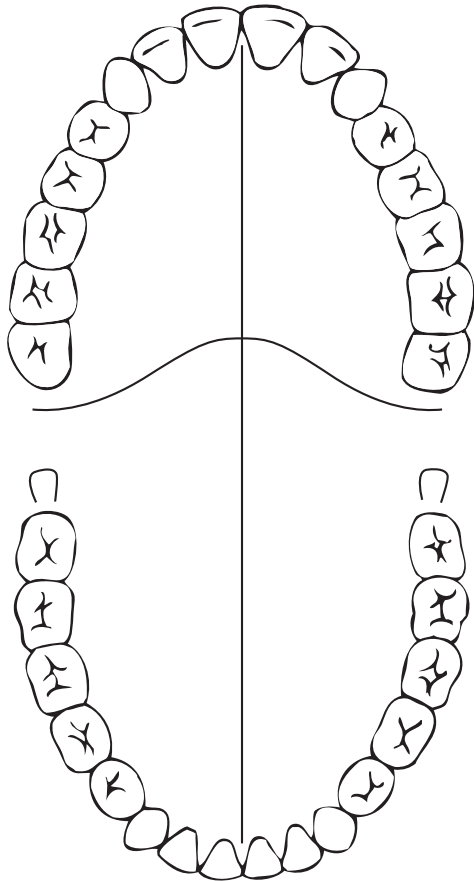




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T: 01242 522 322 E: info@cotswolddentallab.com W: cotswolddentallab.com

CHROME DENTURE DESIGN



Clasps: _____

Rests: _____

Type: Plate Skeleton

Design comments:
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PLEASE ATTACH TO LAB SHEET FOR CHROME PRESCRIPTIONS

Dentist name: _____
Patient name: _____

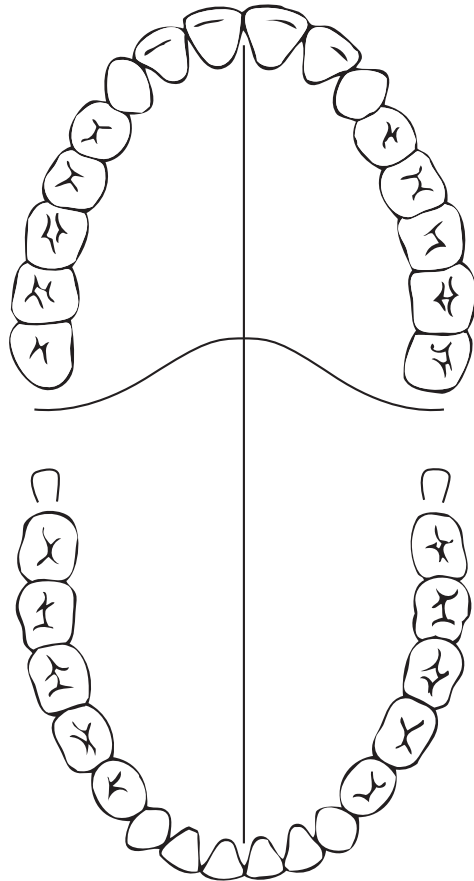
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