



DMF Dental Laboratory, Inc.

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Date: _____

From Dr.: _____

Patient's Name: _____

Try - IN by: _____

Finish by: _____

PHYSICAL CHARACTERISTICS

Please circle proper items:

Age: Under 20 20-35 35-50 51-over

Sex: Male Female Height: _____ Weight: _____

Personality: Delicate Medium Vigorous

Type Patient: Hard Soft

Shade: _____

Additional Notes: _____

Dentist Signature

License No.