

## Outsource Advantage Dental Lab

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Signature: Date:	Instructions:	Restoration Type: Shade:	Male Female Age:	Patient Name:	Phone #: Delivery Date:	Address:	Lab Name:
Signature: Date:	Instructions:	Restoration Type: Shade:	☐ Male ☐ Female Age:	Patient Name:	Phone #: Delivery Date:	Address:	Lab Name:

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