

Laboratory Order Form

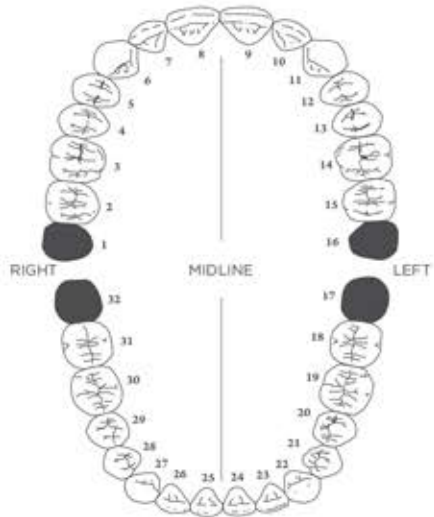
Surgery _____

Patient's Name _____

Type of Restoration _____

Date _____ Due Date _____

Instructions _____



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