# Core Dental Laboratory

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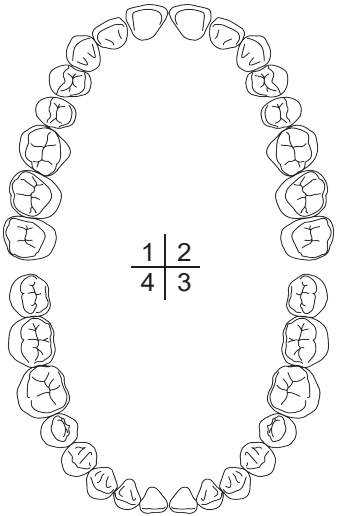
| | |
|---|---|
| **From**<br>**Dr .** | **Patient** |
| **Date** | **Male** ☐<br>**Female** ☐ |
| **Date In (Lab)** | **Appliance** |
| **Trays** | **Shade / Mould** |
| **Bite** | **Re - try 1** |
| **Chrome Try - In** | **Re - try 2** |
| **Try - in with Teeth** | **Finish** |




INSTRUCTION: