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Bucharest , Romania
+40727848749
office@cadtechdental.ro
cadtech dental

RX Prescription form

Date : _____ Date Due: _____

Dr. : _____ Phone # : _____

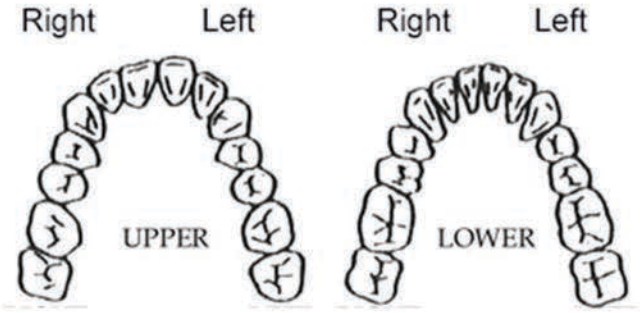
Adress : _____

Country : _____ City : _____ Zip : _____

Patient's Name : _____

Description : _____

Additional Instructions : _____



Color Mapping : Design your Product

Pontic Design :

Incisal Translucency:	Heavy	Medium	Light	None
Cervical Warming :	Heavy	Medium	Light	None
Surface Texture :	Heavy	Medium	Light	None
Occlusal Stain :	Heavy	Medium	Light	None
Degree of Hypocalcification :	Heavy	Medium	Light	None
Mammelons :	Heavy	Medium	Light	None

Signature : _____ License # : _____

Thank you !