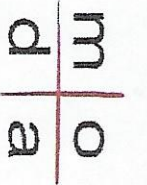
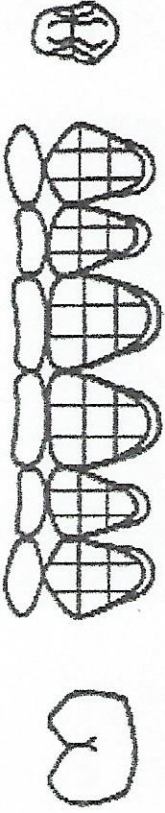


MASTERS OF DENTAL AESTHETICS INC

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Greg 818-486-4734
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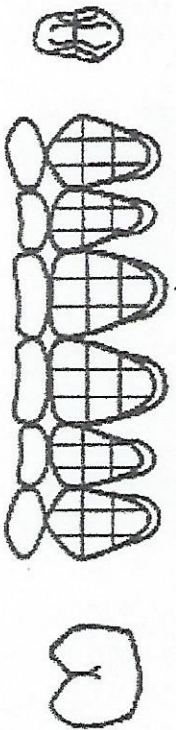
DOCTOR _____ DATE _____
PATIENT _____ DUE DATE _____
MATERIAL / ALLOY _____ TIME DUE _____
SHADE _____ STUMP SHADE _____
Rx _____



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Doctor's Signature _____ License # _____

Preferred Doctor Contact (email/phone) _____

Doctor's Signature _____ License # _____

Preferred Doctor Contact (email/phone) _____