



72 West Main Street
Ramsey, New Jersey 07446
www.bmdentallab.com
Tel: 201.995.0995
Fax: 201.995.0996

DATE _____

FROM _____

PATIENT _____

DUE DATE _____

INSTRUCTION _____

SHADE _____

PLEASE MARK INDIVIDUAL CHARACTERISTICS



WHAT TO SEND WITH CASE

1. INDEX OF WORKING MODEL
2. INDEX OF COUNTER MODEL
3. INDEX OF STUDY MODEL FOR ANTERIORS
4. BITE INDEX FOR POSTERIOR AND BRIDGES

SIGNATURE _____ LIC. NO. _____



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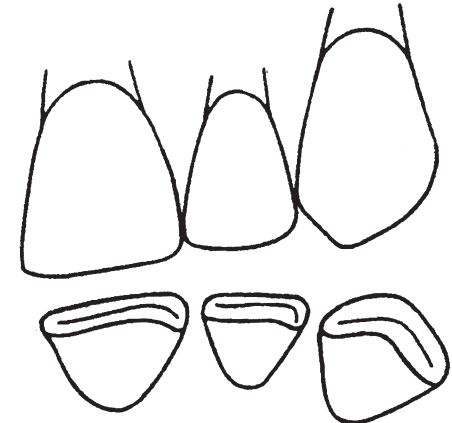
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