svea dentallab

PRAKTIKERTJÄNST TANDVÅRD

**Nr** .....

| | |
|---|---|
| Dentist<br><br>Telephone<br><br>Patient | Try-in<br>1. ..... o´clock<br>2. ..... o´clock<br>3. ..... o´clock<br>4. ..... o´clock<br>5. ..... o´clock |
| Included material<br>Model ☐ pcs Impression ☐ pcs Index ☐ pcs<br>Other<br>.....<br>.....<br>..... | Finished<br>Date: Time:<br><br>Shade |

Instructions:

☐ See other side

| | |
|---|---|
| Date<br>..... / ..... 20 ..... | .....<br>Dentist signature |

| Received | Dental technician | Finish check |
|---|---|---|
| | | * |


Postal address: Box 12215 402 42 Göteborg

Visiting address: Långedragsvägen 48 Västra Frölunda

Telephone: 031-769 10 80

E-mail: info@sveadentallab.se

Website: www.sveadentallab.se