

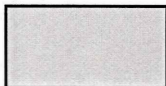
LANEY | DENTAL ARTS

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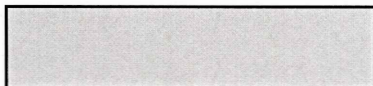
Doctor: _____

Patient: _____

Shade:



Due Date:



Description:

A large, empty rectangular box with a thin black border, intended for a detailed description of the dental procedure or treatment.

Signature: _____ LIC NO: _____