

Dentist:..... Date:.....

Patient: Age:

- M
- F



DYNAMIC
DENTAL
LABORATORY

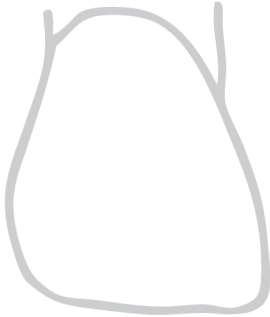
Finish Date / Time:

CASE DESCRIPTION / INSTRUCTIONS

SHADE **Stump Shade**

Photos shade@dynamicdental.com.au

- P.F.M**
- e.max**
- Layered Zirconia**
- Monolithic Zirconia**



ACRYLIC WORK

Special Tray Bite..... Casting Try-In.....

Try-in Retry

Occlusal Splint Anterior Sectional Splint **Finish**