

<b>Order form</b>			
<b>Laboratory/Customer</b>		Date:	
Name		Patient:	
Contact person		Shade:	
Address 1		<b>Material</b>	
Address 2		Zirconium: opaque	<input type="checkbox"/>
Address 3		translucent	<input type="checkbox"/>
Address 4		other	<input type="checkbox"/>
City		Chr/Co	<input type="checkbox"/>
Postal Code		Titanium: pure	<input type="checkbox"/>
Province		Niobium	<input type="checkbox"/>
Country		PMMA	<input type="checkbox"/>
Phone		Composite	<input type="checkbox"/>
Cell		PEEK	<input type="checkbox"/>
		Ceramic	<input type="checkbox"/>
Finishing date		<b>Instructions:</b>	
Remark about last shipment			
excellent	<input type="checkbox"/>		
good	<input type="checkbox"/>		
satisfactory	<input type="checkbox"/>		
unsatisfact.	<input type="checkbox"/>		

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