



# CHOICE DENTAL

18 b Kenwick Way, Balga

Ph 0401368217

email : [snalberski@gmail.com](mailto:snalberski@gmail.com)

Dentist Name \_\_\_\_\_

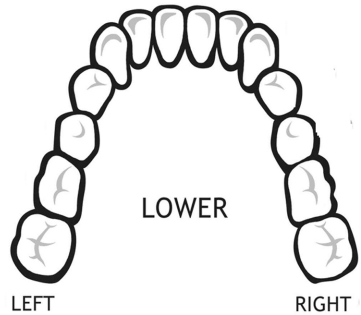
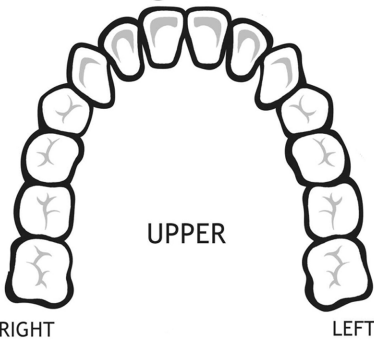
Dentist Contact No. \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Details      Sex: M\_\_ F\_\_ Age\_\_ Shade\_\_\_\_\_

Date Despatched \_\_\_\_\_

Date Required \_\_\_\_\_



## Job Description

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