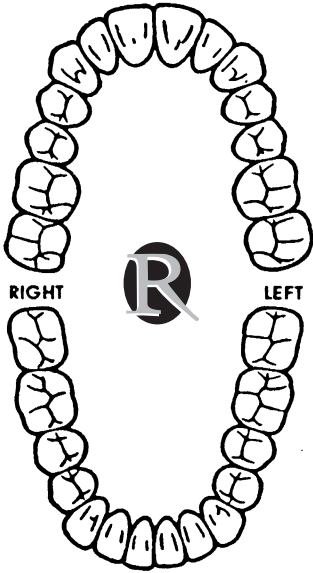


EXCEL BERGER

Dental Laboratory, Inc.
 1600 Route 130 North North Brunswick, NJ 08902
 TEL. 732-422-4444 FAX 732-422-4843



Doctor _____

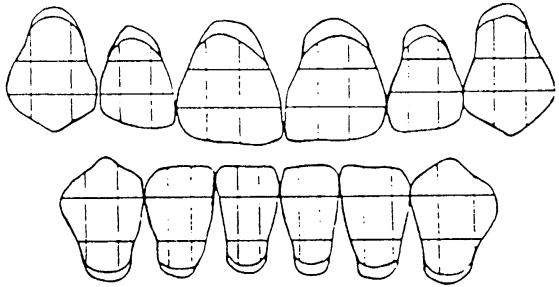
Patient _____ M F

Date Sent _____

Due _____ /Shade _____

IMMEDIATE TRAY SETUP REPAIR

BITE BLOCK CASTING BISQUE FINISH



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

VISIT US @
www.excelberger.com
[email:richie@excelberger.com](mailto:richie@excelberger.com)

 Doctors Signature

 License Number