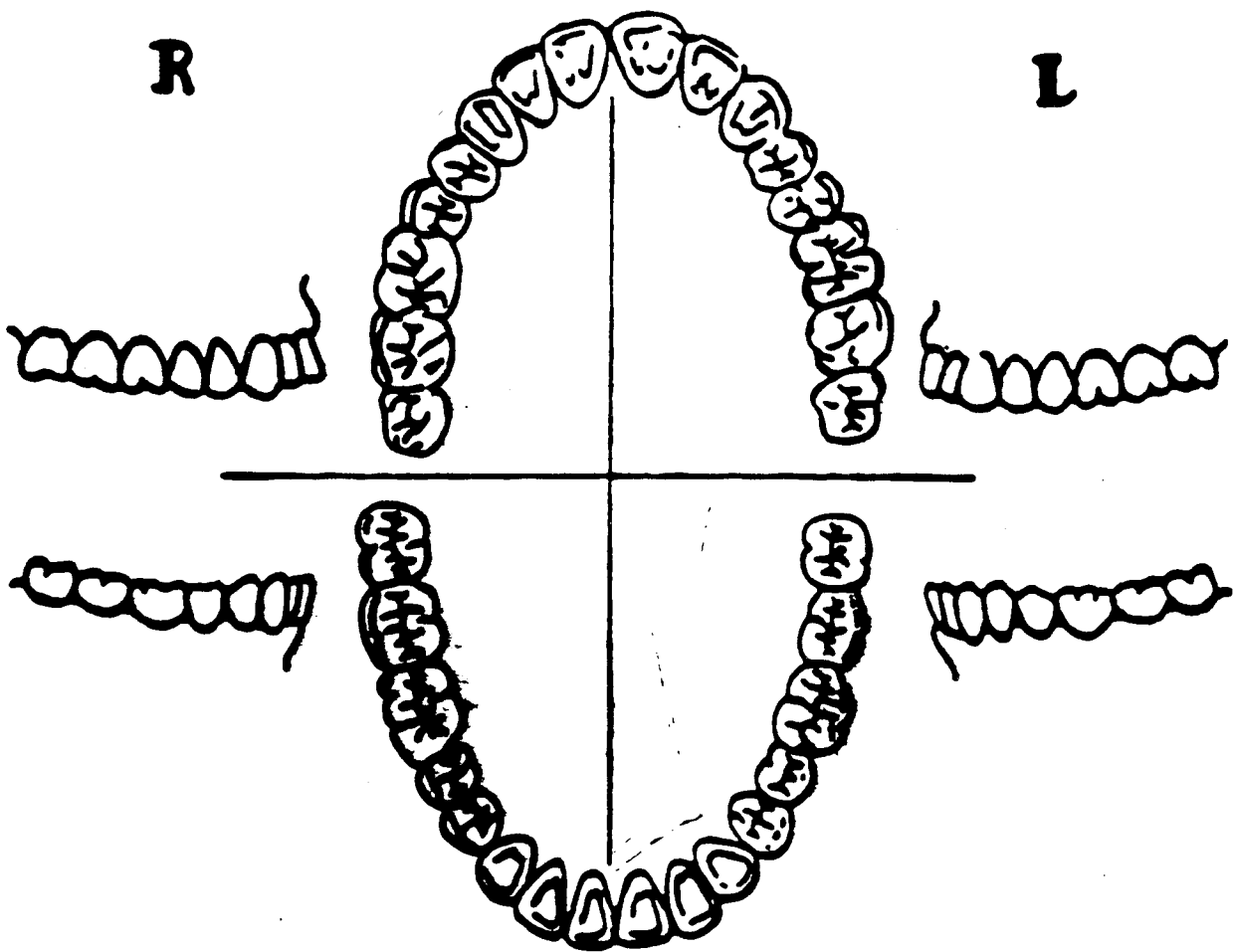


HOWARD UNIVERSITY COLLEGE OF DENTISTRY
DEPARTMENT OF REMOVABLE PROSTHODONTICS

Patient _____ Reg. No. _____

Student _____ Phone No. _____

Case Planning Blueprint



Date _____ Instructor _____

Comments: _____

