

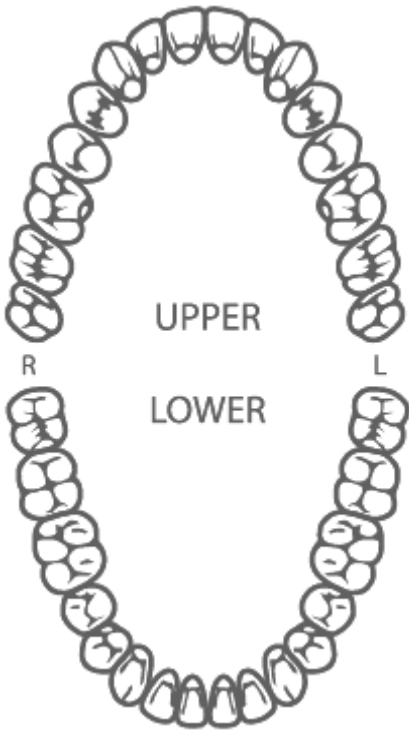
# Tricity Orthodontic Lab

Date: .....

Doctor: .....

Patient: .....

Date & Time that work is required: .....



Doctor's Signature: .....