

## **ORTHODONTIC PRESCRIPTION**

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### **INFO**

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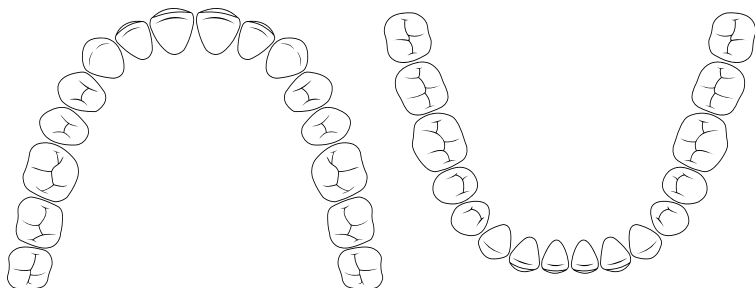
PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PRACTICE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATE NEEDED \_\_\_\_\_

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### **SPECIAL INSTRUCTIONS**

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DR. SIGNATURE \_\_\_\_\_



SHIPPING BOXES  PRESCRIPTION PADS  MAILING LABELS