



5519 PINE LAKE COURT
 HICKORY, NC 28601
 (828) 304-0067

OFFICE USE ONLY

Doctor's Name _____

Patient's Name _____

Age _____ Sex: Male Female

Imp. Date: _____ Due Date: Try-In _____ Finish _____

Shade _____ Mould _____ Case Pan # _____

Type of Appliance

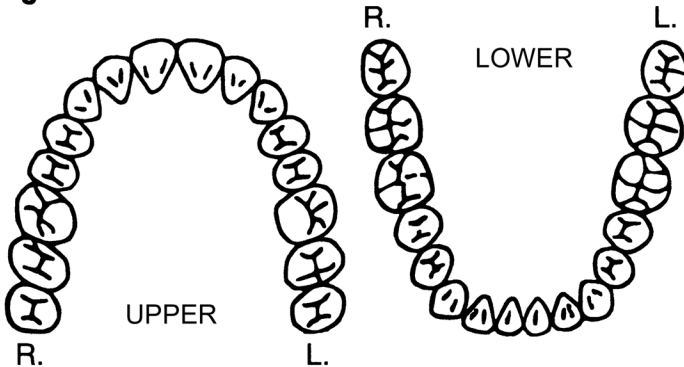
Max _____ Color _____

Mand _____ Color _____

W	O	B	PO

Orthodontic Appliances

Case Design



Dentist's Signature _____

License No. _____

We strive to give your patients the absolute best!
 White - Lab Copy Canary - DDS Copy