

DATE: .....

PT. NAME: .....

PRACTICE: .....

SURNAME: .....

DOCTOR: .....

NEXT APPT.: .....

TIME: .....

ADDRESS: .....

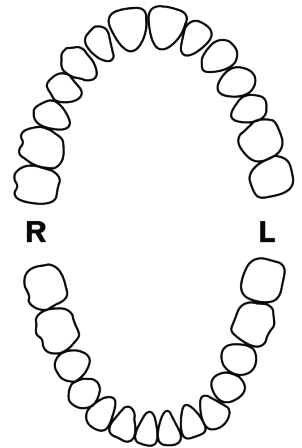
**HARD** U  L**HARD SOFT** U  L**FULL SOFT E 95** U  L**DAMON****MORA / GELB** U  L**ANTERIOR - nti** U  L**REPOSITIONING** U  L

## INSTRUCTIONS

Upper: .....

.....  
.....  
.....

Lower: .....

.....  
.....  
.....

Mark any special requests on the diagram

LAB FEE (excl. gst):

Tax Invoice and Statement will be sent at the end of each month