

TODAYS DATE \_\_\_\_\_

DOCTOR NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

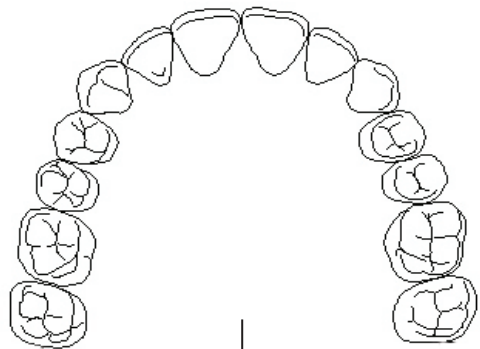


full service & digital  
847 N Cluff Ave Ste B-2 Lodi, CA 95240  
209.522.7767

**PATIENT INFORMATION**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

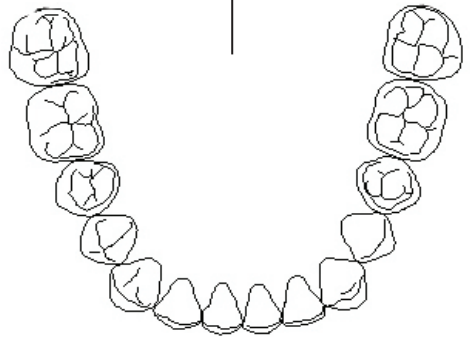
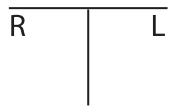
DUE DATE \_\_\_\_\_



MAXILLARY APPLIANCE TYPE \_\_\_\_\_



PLEASE SPECIFY DESIGN(S) HERE →



MANDIBULAR APPLIANCE TYPE \_\_\_\_\_

ACRYLIC COLOR CATEGORIES

- RAINBOW RESIN     STARDUST
- CONTEMPORARY     NEON GLOW
- TROPICAL TONES     MULTI GLITTER

SPECIFY COLOR(S) OR DESIGN

\_\_\_\_\_

TODAYS DATE \_\_\_\_\_

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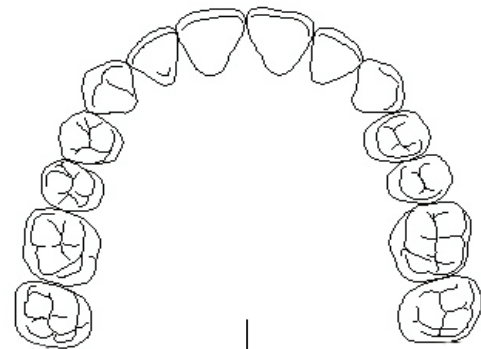


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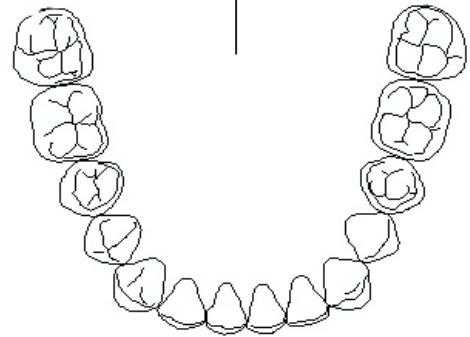
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MAXILLARY APPLIANCE TYPE \_\_\_\_\_



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