



ORTHODONTIC LABORATORY

815 Hurricane Hill Rd.
Mason, NH 03048
Office: 603-878-1526
Cell: 603-620-1658
www.ocortholab.com



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Doctor _____
(Please Print)

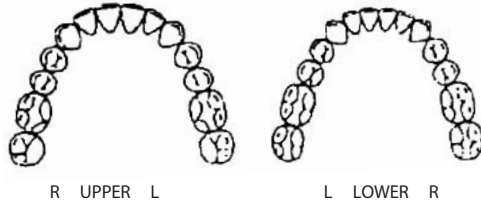
Address _____

Patient Name _____

Date _____ *DUE DATE _____

RUSH *APPT. TIME _____

Special Instructions:



Please print complete detailed prescription.
Use diagrams if necessary.

Acrylic Color
UPPER _____ LOWER _____

Doctor's Signature _____

Doctor _____
(Please Print)

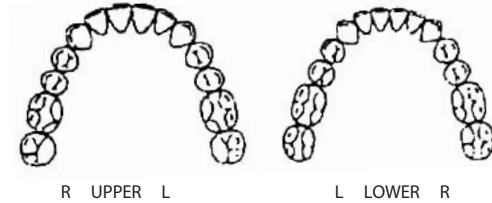
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