

Dr. _____ Ph. _____

Address _____

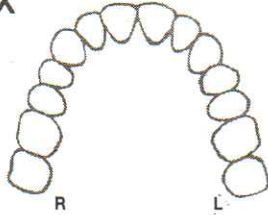
_____ ZIP _____

Patient _____

Date Shipped: _____

Date-Time Needed: _____

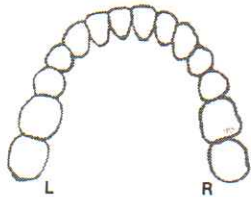
MX



- WRAP
 - HAWLEY
 - SPRING
 - BITE PL
 - OTHER _____
- ADAMS
 - "C" CLASP
 - BALL
- RESET _____

INSTRUCTIONS _____

MN



- HAWLEY
 - SPRING
 - OTHER _____
- RESET _____

INSTRUCTIONS _____

LAB USE	