



INTERSTATE ORTHODONTIC LAB

PO Box 261256
Tampa, Florida 33685
Doug@InterstateOrthodonticLab.com
(727) 859-7171

Appliance Prescription

Dr. _____

Signature: _____

License #: _____

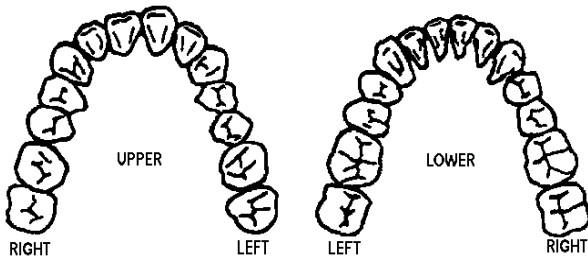
Date sent: _____

Return date: _____

**Please call first for
rush cases**

Patient name: _____

DESIGN CASE HERE



Instructions:



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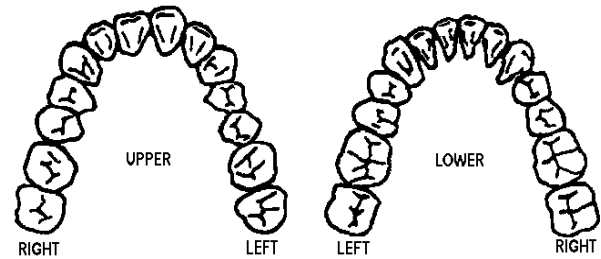
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