

PETER CHENG
ORTHODONTIC LABORATORY

P.O. Box 5001
EXTON, PA 19341
Ph: 610.296.5525 • 610.325.7240
Fax: 610.296.5742

DATE _____

DATE WANTED _____

DOCTOR _____

Full Name - Please Print

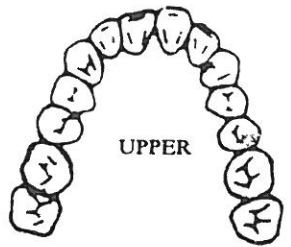
Address _____ City _____

State _____ Phone _____

Zip Code

Patient _____

Age _____ Sex _____



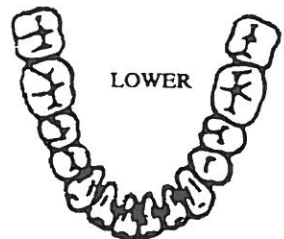
UPPER

RIGHT

LEFT



INSTRUCTIONS:



LOWER

RIGHT

LEFT

Lic. No _____ Signature _____

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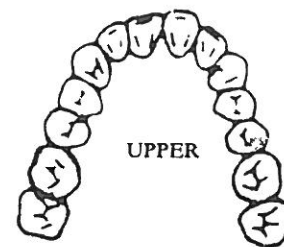
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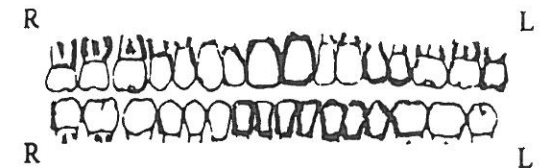
Age _____ Sex _____



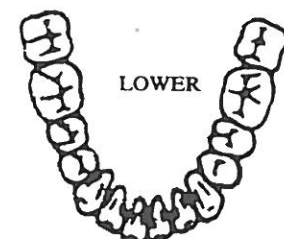
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