



Lab Slip

**DOCTOR** Name:

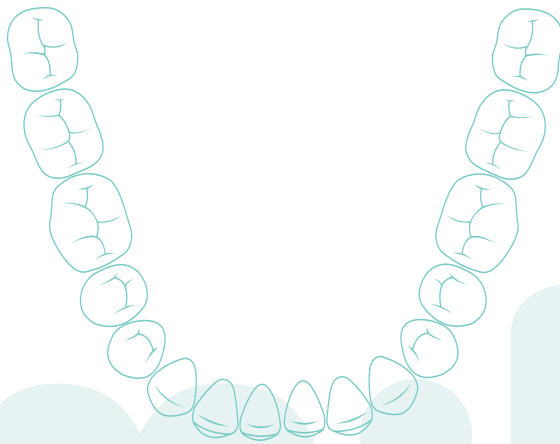
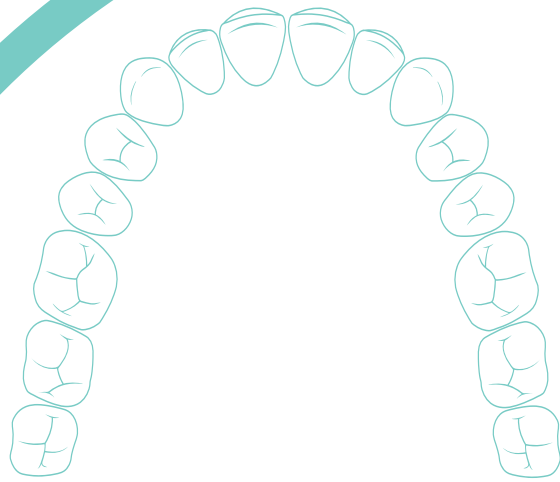
**CURRENT** Date:

**PATIENT** Name:

**DELIVERY** Date:

Indicate which appliance is needed and any other instructions for us:

Horizontal lines for text input.



**SHOW US WHAT YOU MEAN:**

Upper

Lower



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
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GRANDVILLE MI 49418-9918

