



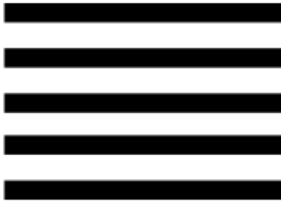
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 7000 GRANDVILLE, MI

POSTAGE WILL BE PAID BY ADDRESSEE



WHOLE SMILE LABS
2880 WILSON AVE SW
GRANDVILLE MI 49418-9918

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES





Lab Slip

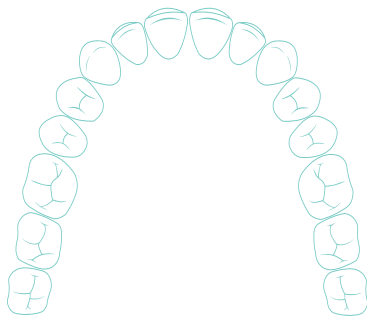
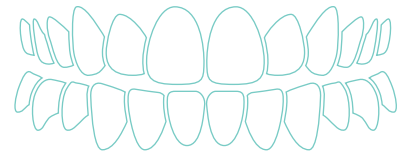
DOCTOR Name: _____

CURRENT Date: _____

PATIENT Name: _____

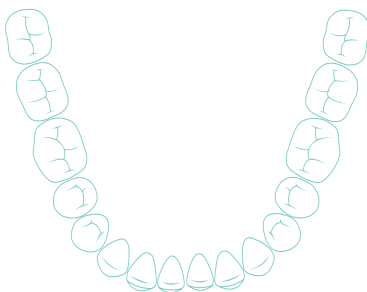
DELIVERY Date: _____

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



SHOW US WHAT YOU MEAN:

Upper



Lower

