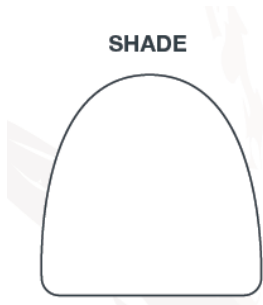


Suite 4, 6-8 Macquarie Drive Thomastown
Victoria 3074

Ship To:

PRACTICE:	Date:	Due Date:	Time:
PATIENT:	CROWN & BRIDGE		
<p>SHADE</p> 	CHROME PARTIAL		
	FLEXIBLE		
	DENTURE		
	ORTHO		

INSTRUCTIONS:

