

VETECH DENTAL LABORATORIES LTD.

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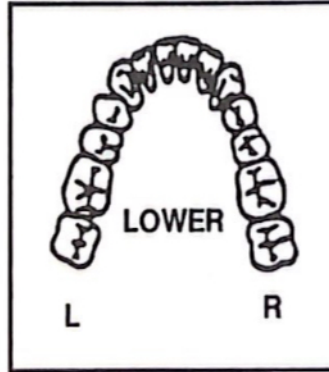
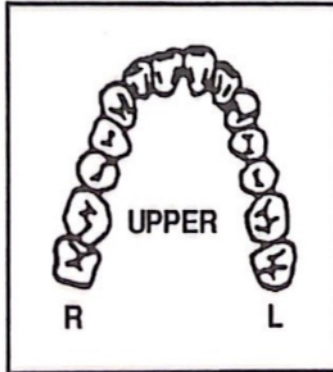
www.vetechdental.com

Date

Prescription No..... Patient's Name

R_x

DESIGN PARTIALS



Doctor's Signature:

Mould: Shade:

Date / Time Required:

Print Doctor's Name: Tel:

Address: