

Male Female Patient

ID Date of birth

Phone no.

DELIVERY DATE & TIME

DUE DATE 1 DAY BEFORE APPOINTMENT

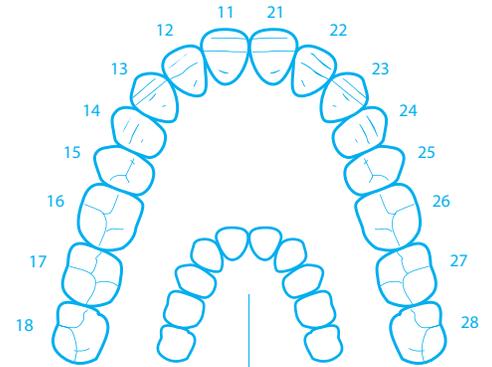
Doctor

Address

Upper

Image to apply:
Color*:

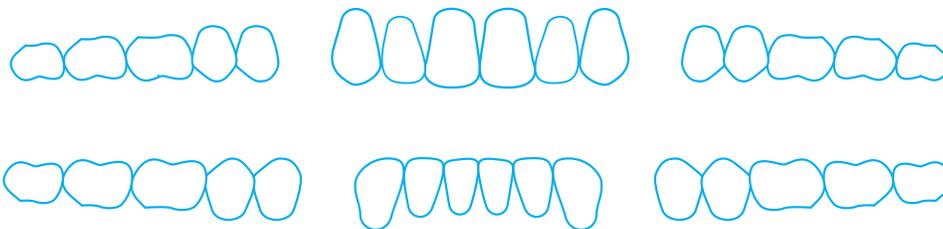
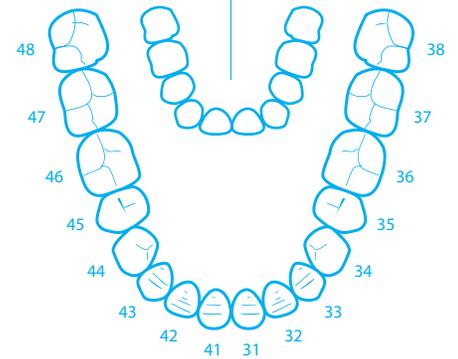
* Consult the color chart on labsummum.com in the "Orthodontics" section.



Lower

Image to apply:
Color*:

* Consult the color chart on labsummum.com in the "Orthodontics" section.



For laboratory use:

Signature

License no.