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Dr. \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Date Due: \_\_\_\_\_ Retainer Case Needed

Sent By: Itero      3shape      Impression      Email

Type of Trays Sent: Metal Trays      Plastic Trays

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Colour: \_\_\_\_\_ Sticker: \_\_\_\_\_