



**INTERSTATE ORTHODONTIC LAB**  
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Kenneth City, FL 33709-6021  
[Doug@InterstateOrthodonticLab.com](mailto:Doug@InterstateOrthodonticLab.com)  
**(727) 859-7171**

Appliance Prescription

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Signature:

License #:

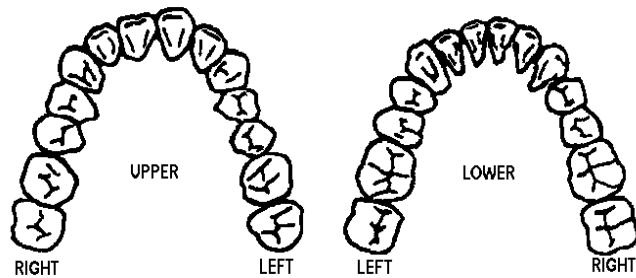
Date sent:

**Please call first  
for rush cases**

Return date:

Patient name:

DESIGN CASE HERE



Instructions:



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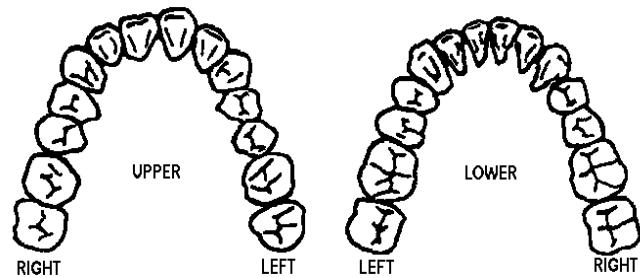
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