



Dentist _____

Date _____

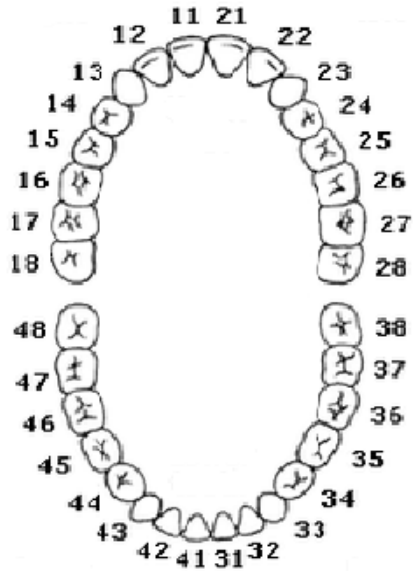
Clinic _____

Patient's Name _____

Appointment Date _____

Time _____

Instructions:



Postal address: Po Box 6389 Point cook VIC 3030

e-mail: jsdental7@gmail.com

mobile: 0410642112

www.jsdentallab.com.au