Jimmy's Orthodontic Lab

622 W.Rhapsody, Ste. B
Office (210) 377-2477
email: info@jolsatx.com
San Antonio, Texas 78216
State Registration No. 708

Invoice: _____

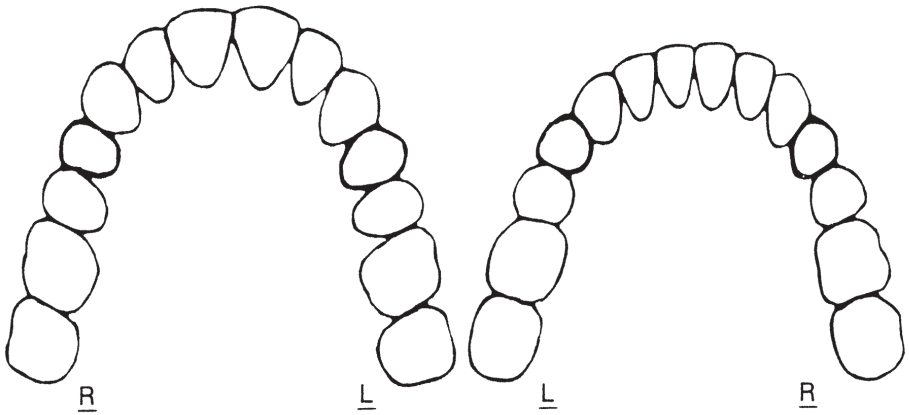
Received: _____

For LAB use only

DR. _____ DATE _____

TYPE OF APPLIANCE _____

PATIENT NAME _____ TEL: _____



INSTRUCTIONS _____

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COLOR _____ EMBLEM _____

DR. SIGNATURE _____ LIC. NO _____

ADDRESS _____

DELIVERY DATE DUE _____

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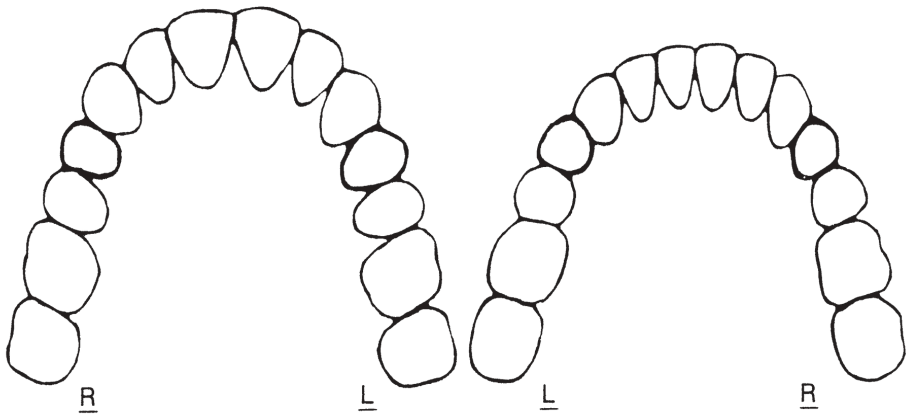

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