CARMEL
Orthodontic Lab, LLC
P. O. Box 551
Carmel IN 46082
317-846-4525

Dr. _____ Date: / /

Dr. 's Address _____ City _____ State _____ Zip _____

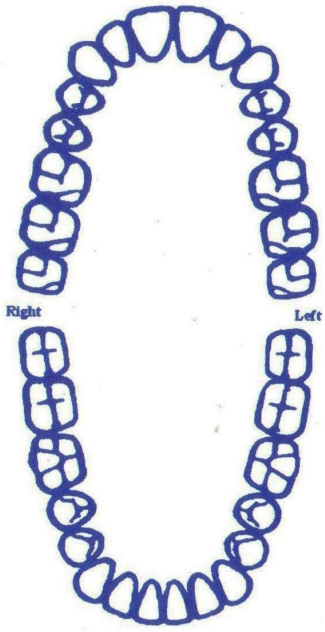
Patient's Name: _____

☐ Prescriptions
☐ Labels

Date Needed: / / Time Needed: : am. : pm. Age _____

☐ male
☐ female

No ☐ Yes ☐ Does this patient have any communicable diseases?
If yes, explain:



License _____ Phone _____

Signature _____

All Work Done Under Indiana Law
Caution: Some parts contain Nickel