	Wire Smiles Orthodontic Lab (951) 894-4019	LAB USE ONLY:		Wire Smiles Orthodontic Lab (951) 894-4019	LAB USE ONLY:
	Signature: Phone:	IMPRESSION DATE:		Signature: Phone:	IMPRESSION DATE
	State: Zip:	_		State: Zip:	_
Patient Name:		DATE WANTED:	Patient Name:	(PLEASE PRINT CLEARLY)	DATE WANTED:
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	Wire Smiles Orthodontic Lab (951) 894-4019	LAB USE ONLY:		Wire Smiles Orthodontic Lab (951) 894-4019	LAB USE ONLY:
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City:	State: Zip:	DATE WANTED:	City:	State: Zip:	DATE WANTED:
Patient Name:	(PLEASE PRINT CLEARLY)Age		Patient Name:	(PLEASE PRINT CLEARLY)Age	_
	STUDY MODELS			STUDY MODELS	

Finished Semi Finished Rough Trim Pour & Trim

Please Send: Study Model RX ☐ Appliance RX ☐

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Please Send: Study Model RX ☐ Appliance RX ☐