



Wire Smiles Orthodontic Lab
(951) 894-4019

LAB USE ONLY:

IMPRESSION DATE:

DATE WANTED:

License # _____ Signature: _____

Doctor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Name: _____
(PLEASE PRINT CLEARLY)

Case# _____ Age _____

STUDY MODELS

Finished Semi Finished Rough Trim Pour & Trim

Please Send: Study Model RX Appliance RX



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