

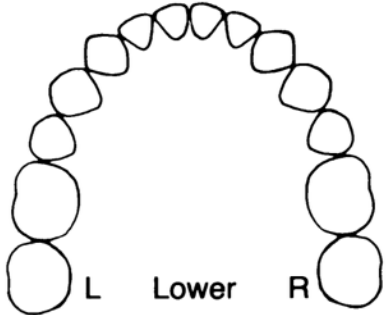
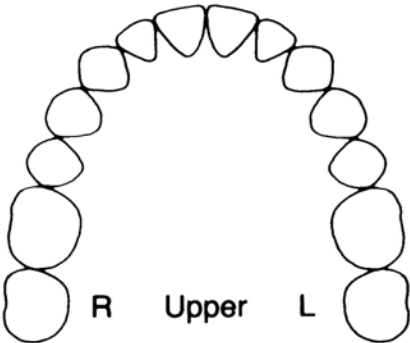


Date Required _____
By 5:30 pm

Dr _____ Date _____
Practice: _____
Patient Name: _____

UPPER
LOWER

SUBSCRIPTION



Specific Instructions:

FABDENT™