

SET THEM STRAIGHT

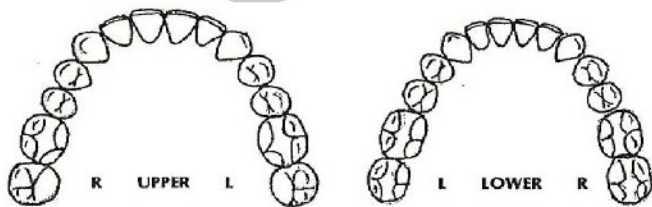
orthodontic laboratory

(805) 453-3994 www.stsortholab.com

Date sent _____
Dr. _____ City _____
Lic. # _____ Dr. signature _____

Patient _____
Appt. date _____ Time _____ am/pm

Instructions: _____



We need: ☐ Business reply labels ☐ blue Priority labels
☐ prescriptions ☐ other labels _____

SET THEM STRAIGHT

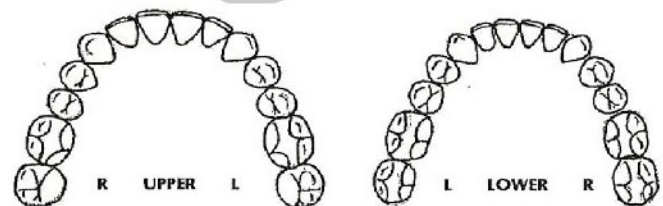
orthodontic laboratory

(805) 453-3994 www.stsortholab.com

Date sent _____
Dr. _____ City _____
Lic. # _____ Dr. signature _____

Patient _____
Appt. date _____ Time _____ am/pm

Instructions: _____



We need: ☐ Business reply labels ☐ blue Priority labels
☐ prescriptions ☐ other labels _____

SET THEM STRAIGHT

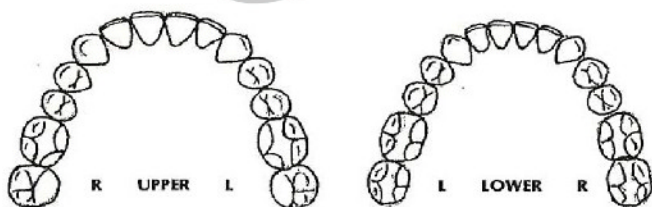
orthodontic laboratory

(805) 453-3994 www.stsortholab.com

Date sent _____
Dr. _____ City _____
Lic. # _____ Dr. signature _____

Patient _____
Appt. date _____ Time _____ am/pm

Instructions: _____



We need: ☐ Business reply labels ☐ blue Priority labels
☐ prescriptions ☐ other labels _____

SET THEM STRAIGHT

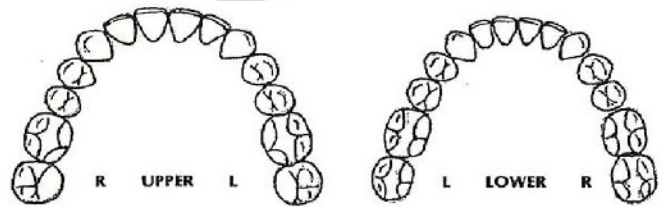
orthodontic laboratory

(805) 453-3994 www.stsortholab.com

Date sent _____
Dr. _____ City _____
Lic. # _____ Dr. signature _____

Patient _____
Appt. date _____ Time _____ am/pm

Instructions: _____



We need: ☐ Business reply labels ☐ blue Priority labels
☐ prescriptions ☐ other labels _____