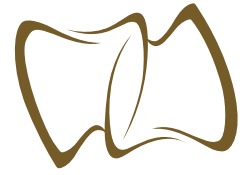


Oak Park Denture Clinic



Dentist:

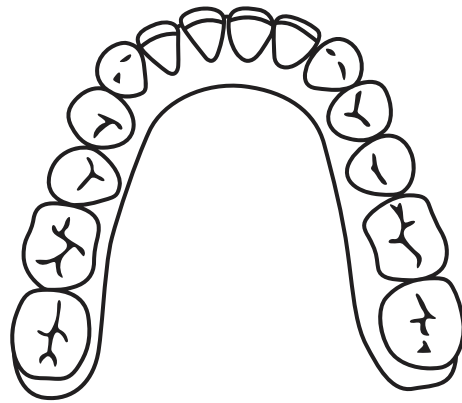
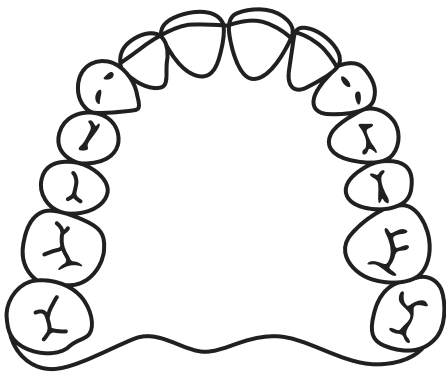
Clinic:

Date Prepared:

Date Due (by 5pm):

Patient Name:

Shade:



Instruction / Comments