

For Lab Use

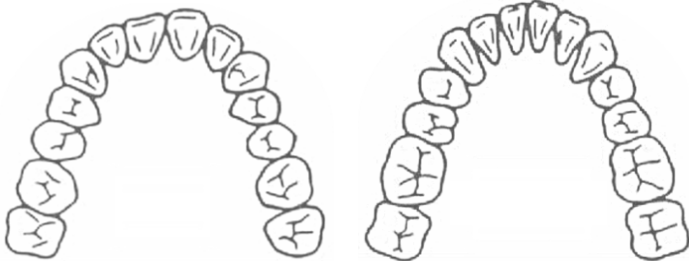
Marin Orthodontic Lab
500 McClay Road,
Novato, CA 94947
415-897-8231 Pager: 415-726-6000

Prescription Form

Patient (please print): _____

From the Office of: _____

Date Sent: _____ Date Due: _____
Date Received _____ Time : _____



RIGHT UPPER LEFT LEFT LOWER RIGHT

Color/Special Effects

Color/Special Effects

Hawley Labial Wire: _____ Standard w/ Loops
(check one) _____ As Drawn

Doctor's Signature: _____

For Lab Use

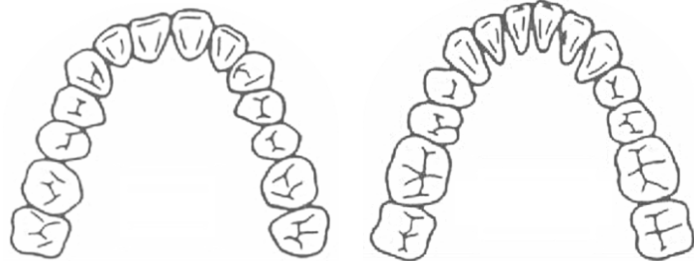
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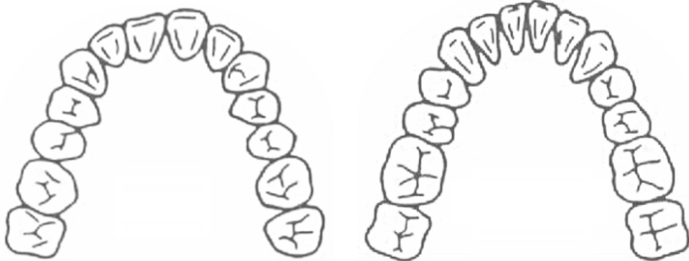
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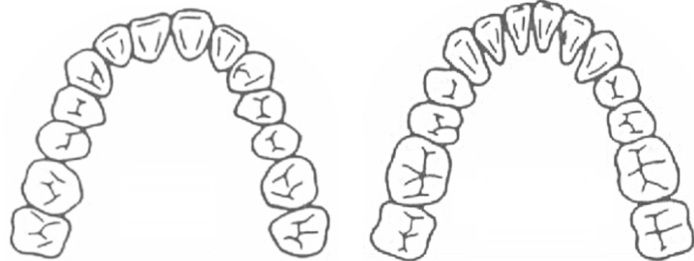
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