

4432 - 97 Street Edmonton, AB T6E 5R9

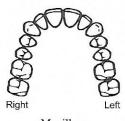
ph. 780-966-WIRE

1947

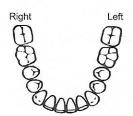
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Dr	Date			
Date & Time Required				
Patient				
Specific Instructions	veli			
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			No.	
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Upper and Lower models with wax bite required for all appliances if occlusion is a factor in the fabrication.



Maxillary



Mandibular