

VETECH DENTAL LABORATORIES LTD.

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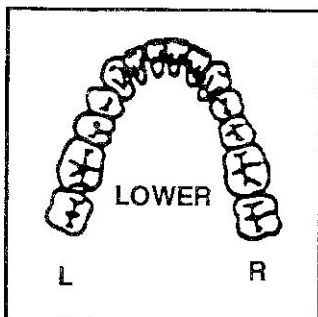
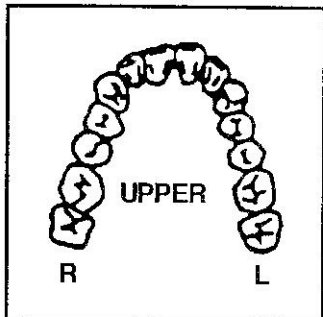
Fax: 604-821-1052

www.vetechdental.com

Date

Prescription No. Patient's Name

Rx DESIGN PARTIALS



Doctor's Signature:

Mould: Shade:

Date / Time Required:

Print Doctor's Name: Tel:

Address: