



TING ORTHODONTIC LAB., INC.
 2138 S. Broad Street • Philadelphia, PA 19145
 Tel.: 215-468-8168 Fax 215-468-5335
 Toll Free 1-877-223-8114

Doctor _____

Address _____

City _____ State _____ Zip _____

Phone _____

Patient _____ Date Sent _____ Date Needed _____

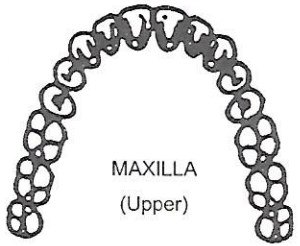
INSTRUCTIONS

Age _____

Male Female

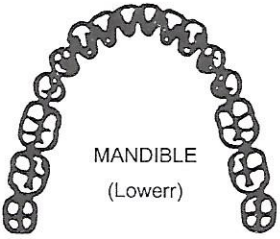
R

Acrylic Color	Upper
	Lower



MAXILLA
(Upper)

RIGHT LEFT



MANDIBLE
(Lower)

LEFT RIGHT

(Please type or print your instructions)

Signature _____ License # _____