Tippet
ORTHODONTIC LABORATORY

TippettOrthoLab.Tech
TippettOrthoLab@gmail.com
903-776-4211

EasyRx.com
Prescription ID:

Doctor Name: _____

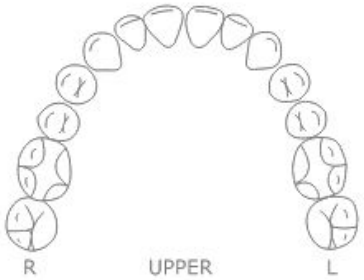
Clinic Name: _____

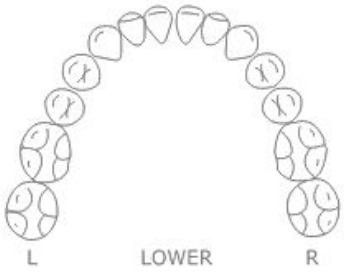
Delivery Address: _____

Today's Date: _____

Due Date: _____

Patient Name: (Please Print)





Color Upper:

Color Lower:

Appliance Type Upper:

Appliance Type Lower:

Doctor Signature: _____ License No. _____

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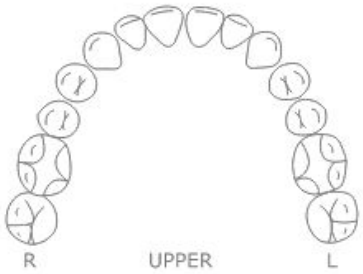

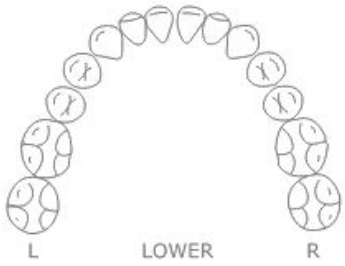

Color Upper:

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