DOCTOR _____ TELEPHONE _____

ADDRESS _____

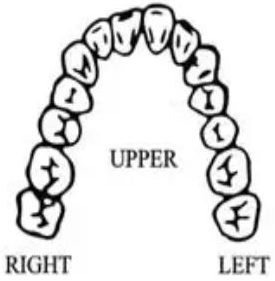
CITY _____ STATE _____ ZIP _____

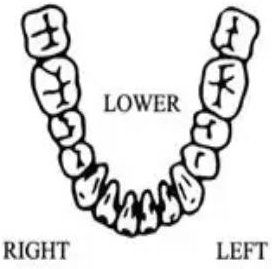
PATIENT'S NAME _____

Date Sent _____

Date Wanted _____

INSTRUCTIONS:





Lic. No. _____

JPK Dental Arts, LLC
106 Turtle Point Drive
New Market AL, 35761
816-441-2997

DOCTOR _____ TELEPHONE _____

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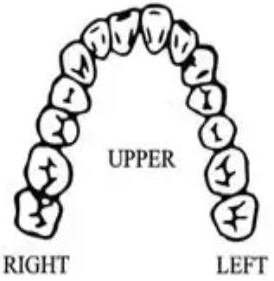

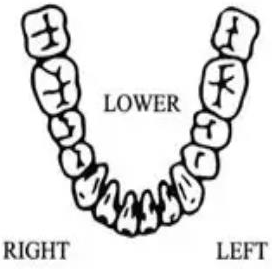

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