

PRESCRIPTION FOR THE OPEN LOOP CRICKET(OLC)

PLEASE CHECK THE BOX FOR WHICH OLC YOU WANT FABRICATED UPPER/LOWER OR BOTH

CHECK BOX (R OR L) FOR WHICH SIDE YOU WANT THE ACRYLIC BLOCK FOR THE UPPER OLC ONLY

GERGEN'S ORTHODONTIC LAB

DOCTORS NAME _____

ADDRESS _____

PHONE NUMBER _____

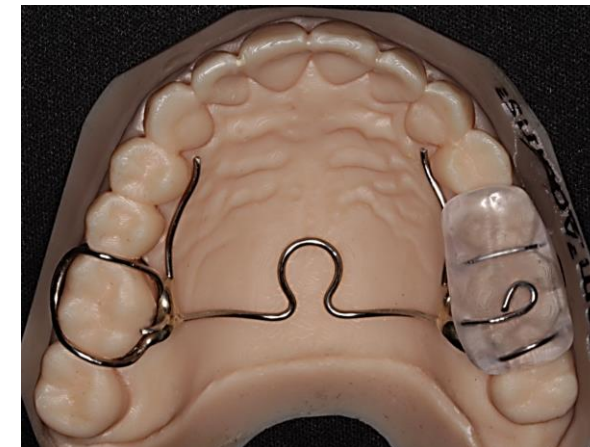
EMAIL ADDRESS _____

LICENSE _____

PATIENT NAME _____

UPPER OLC

(R)



(L)

LOWER OLC

