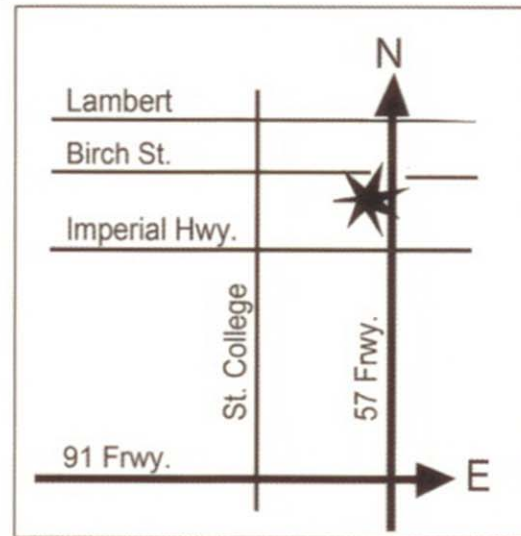




Patient Name: _____
Doctor: _____
License # _____
Authorized by Dr. _____
Date: _____



Dear Patient:
To better serve you, your Doctor has decided to have the color and characteristics of your teeth double checked. This procedure takes only a few minutes. Please call our office to schedule an appointment.



Haupt Dental Lab, Inc. 1220 E. Birch #201 Brea, CA 92821 (714) 529-9792