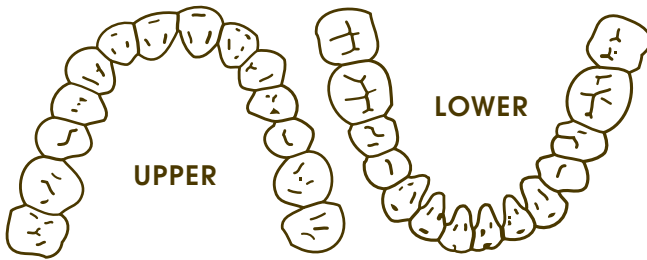


SPECIALISING IN ORTHODONTICS AND PROSTHETICS

Doctor:	Today's Date:
Address:	Phone:
	Date Required:
Patient's Name:	Time:

Coloured Acrylic



- A Clear
- B Rose Pink
- C Opaque Pink
- D Red
- E Purple
- F Magenta
- G Orange
- H Fluro Yellow
- I Green
- L Aqua
- M Blue
- W White
- X Glow in the Dark
- Z Sparkles

Instructions
