

ORTHOHUB

ORTHODONTIC LABORATORY

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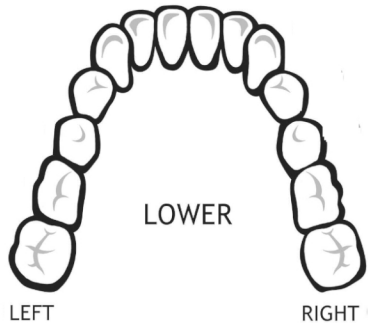
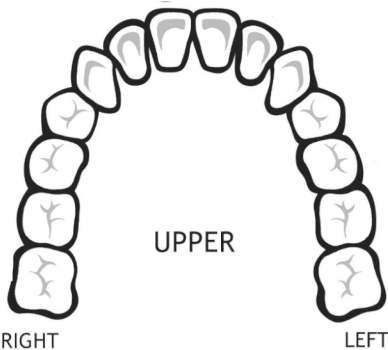
Dentist Name _____

Dentist Contact No. _____

Patients Name _____

Date Despatched _____

Date Required _____



Job Description