Wilson's Dental Guards Inc.

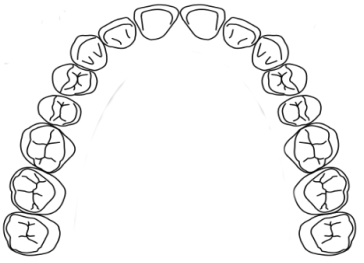
2120 46 ST NW
Edmonton AB
T6L 2T7
Ph: 780.440.1943

Dr._____ Date _____

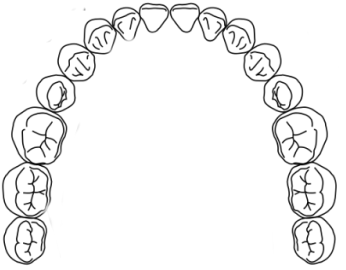
Patient _____

Insert Date _____ Insert time_____

Appliance type _____



Left Maxillary Right



Left Mandibular Right

Signature_____

Lab Use Only

Disinfected