

Clinic Name: **Dental Professional /**

Technician's

Doctor

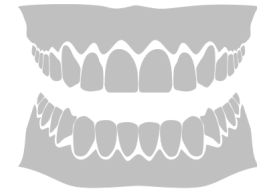
License No.:

Signature
Image:

Patient **Mustafa Tikka**

Date of Birth: **10/20/2025**

Date: **10/20/2025 5:16:53 PM**



Scan **Orthodontics - Clear Aligner**

Comments: