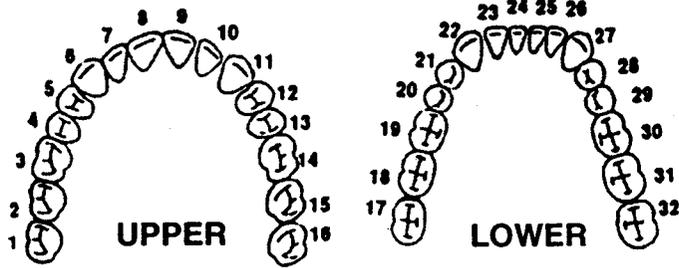


PICKETT DENTAL LABORATORY

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Doctor _____	Date Sent	Date Due
Address _____		
City _____ State _____		
ZIP _____		
Patient _____		

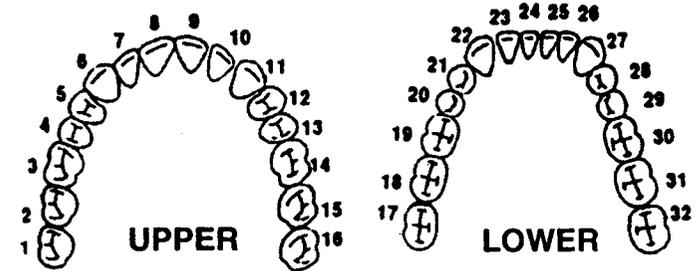


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Signature _____ License _____

2% monthly service charge on accounts over 30 days. If account is sent to an attorney for collection, the customer understands and agrees that the lab will be entitled to recover all reasonable attorney fees, court costs and all other costs of collection.

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