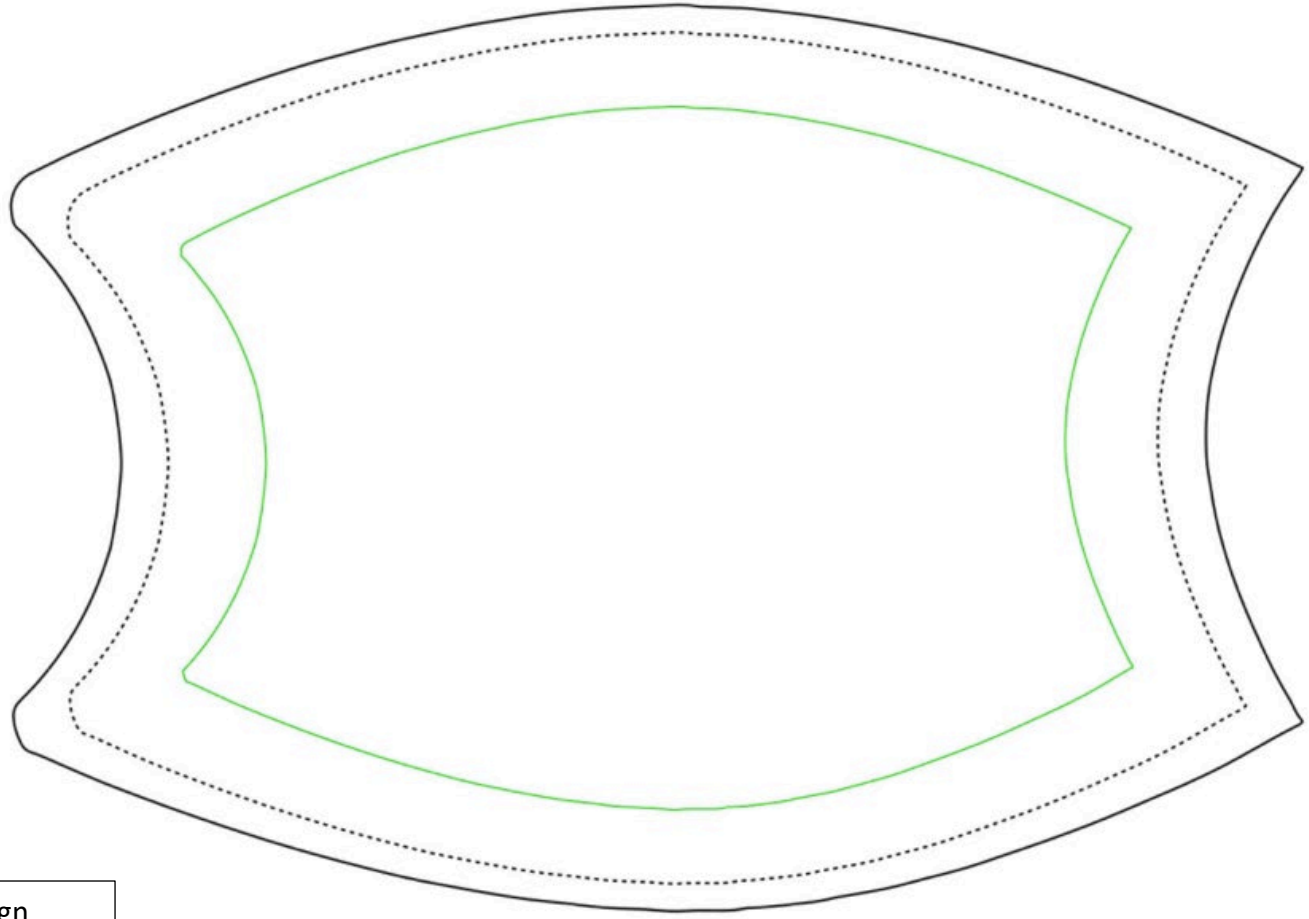
Name: _____
Email: _____
Phone: _____

WALT ORTHODONTICS



Green Line: Border of design
Dotted Black Line: Edge of Mask