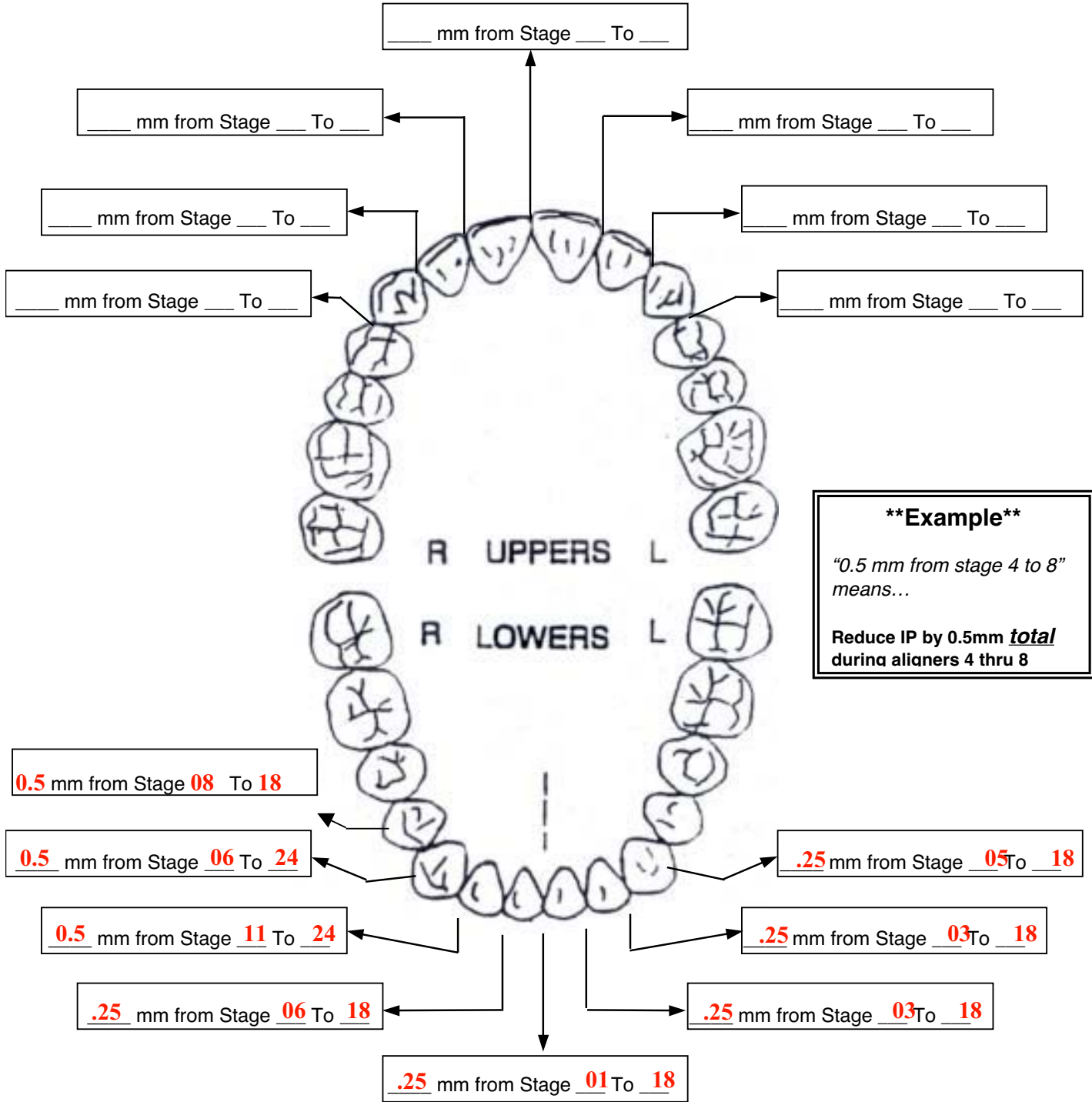




Reproximation Form

Clinician Name: _____

Patient Name: GD Case No: _____



For further information: visit www.invisalign.com or call 1-888-82ALIGN