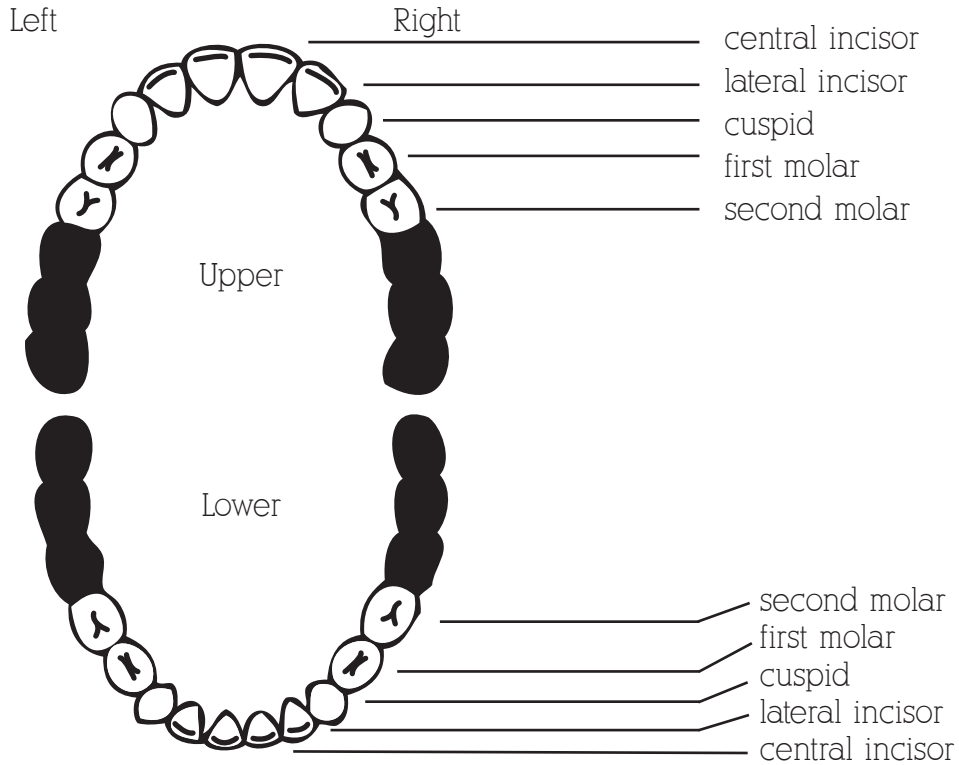


Official Tooth Deposit Form

Tooth Identification Chart:



Tooth Envelope:

Deposit Information:

Name: _____

Age: _____

Date: _____

Tooth Lost: _____

Details: _____
