

# APPROVAL REQUIRED

Please confirm the following are correct:

Imprint Color(s)

Spelling

Imprint Size(s)

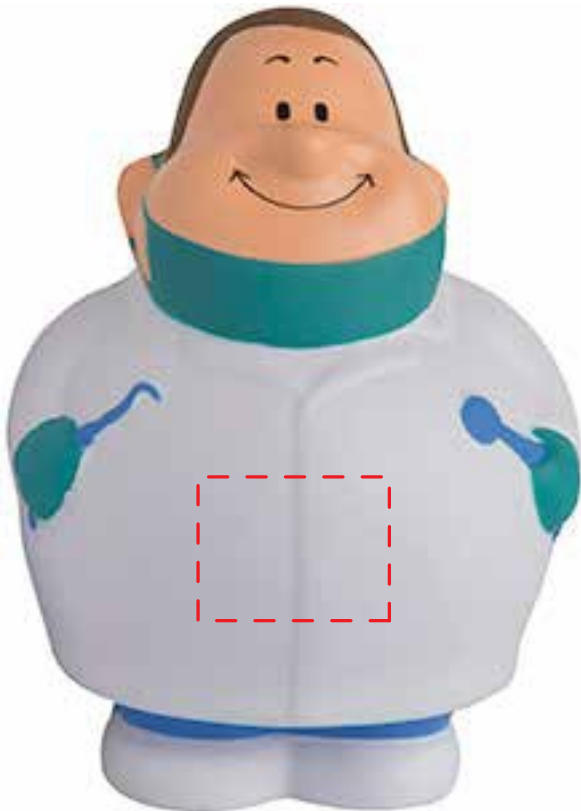
Imprint Location(s)

If changes are required, please advise us by email.

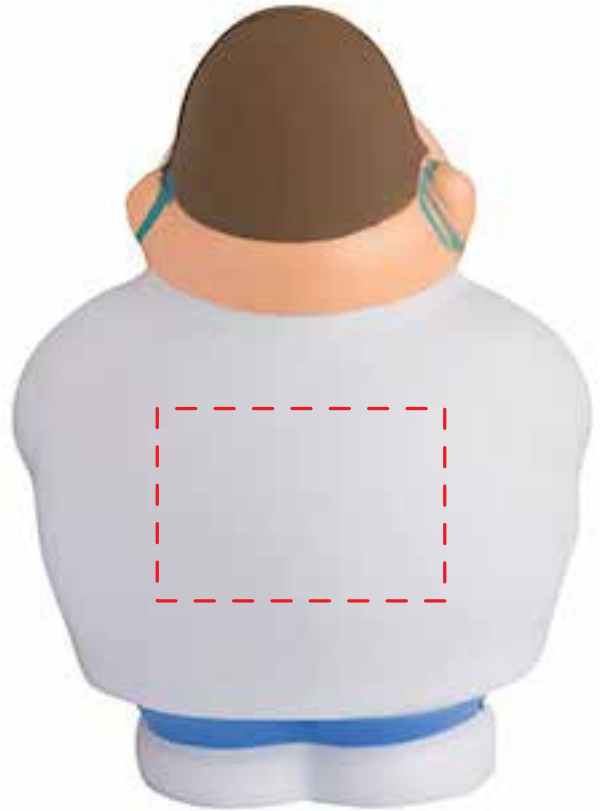
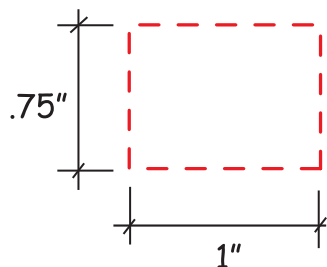
By approving this proof, you are authorizing us to print your order.

## GK563 DENTIST

### IMPRINT COLOR:



Location 1



Location 2

