CUT ALONG DOTTED LINE

FROM
_____
_____
_____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 6 GAINESVILLE, GA

POSTAGE WILL BE PAID BY ADDRESSEE

dobsonortho LABORATORY

DOBSON ORTHO LABORATORY
P.O. BOX 1502
GAINESVILLE GA 30503-9916

INSTRUCTIONS FOR USE

1. Print out this label
2. Cut around the dotted line
3. Securely attach the label to the box

If you have any questions, please contact our customer support team at 888-599-7890 or via email at customer.service@dobsonortho.com

TO SHIP VIA COMMON CARRIER (UPS, FEDEX)

SHIP TO OUR STREET ADDRESS AT:

DOBSON ORTHO LABORATORY
2130 HILTON DRIVE, SUITE B
GAINESVILLE, GA 30501