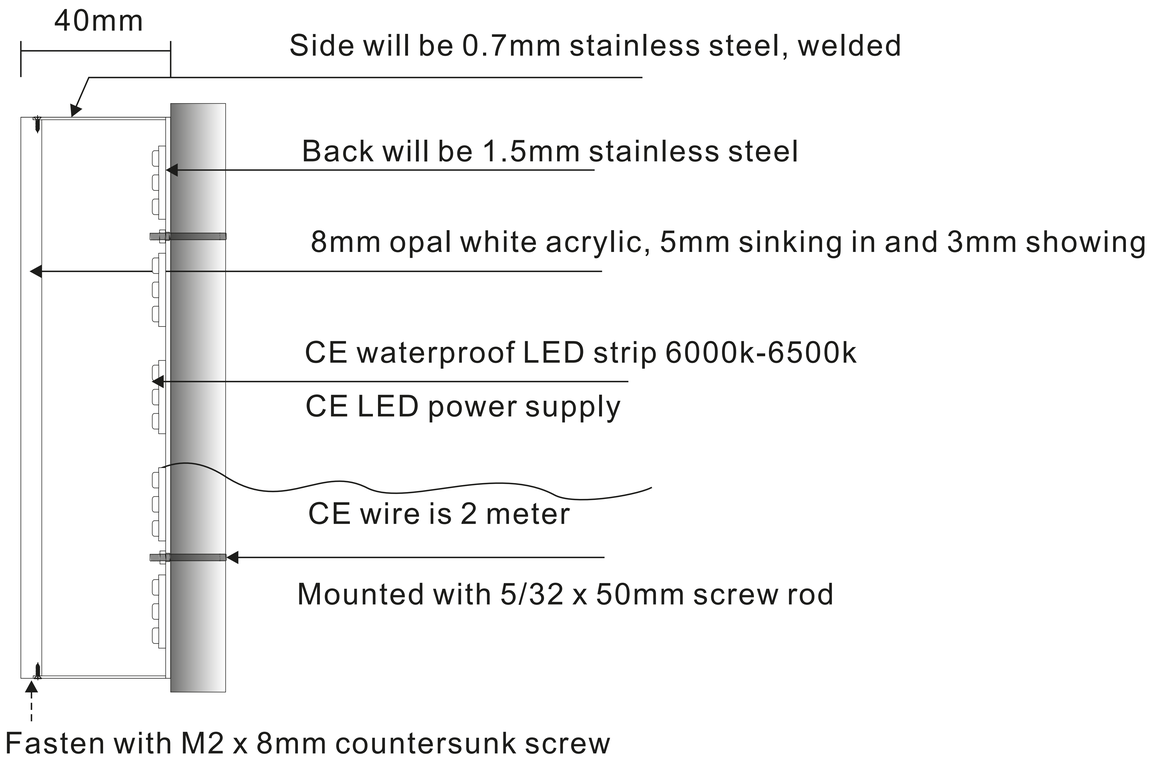
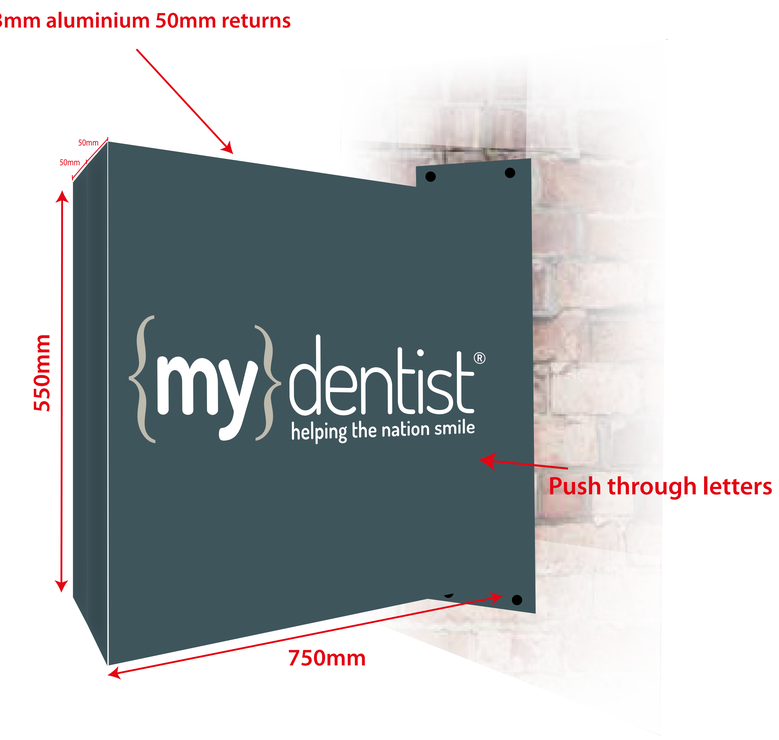
# Projection sign

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Notes:

Client: MY DENTIST

Drawn By:

Checked By:

Date:

Drawing Number:

Revision Number: 1

It is the client's responsibility to review this visual thoroughly. Please pay special attention to spelling and numbers. Please provide specific colours needed