



ACCOUNT#



PLEASE SEND MORE INFORMATION ABOUT:

- MAILING MATERIALS
- PRODUCTS & SUPPLIES
- DIAGNOSTIC SERVICES
- CONTINUING EDUCATION COURSES

PATIENT'S FIRST NAME

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OFFICE EMAIL ADDRESS

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PATIENT'S LAST NAME

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AGE

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OFFICE PHONE NUMBER

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ACCOUNT#

ADDITIONAL SERVICES*

- RETURN DUPLICATE SET OF MODELS
- APPLIANCE INSURANCE

DUE DATE – MUST BE A MINIMUM OF ONE DAY PRIOR TO YOUR PATIENT'S APPOINTMENT

- EMERGENCY SERVICE FOR APPLIANCES* (24 to 48 Hrs. Processing)
- PATIENT WILL BE APPOINTED AFTER APPLIANCE ARRIVES

(LAB USE ONLY)

S.I.

DIAGNOSTIC SERVICES*

- Phone Consultation Service
- Digital Study Models
- Plaster Study Models
- Cephalometric Tracing Service
- Complete Orthodontic Records Package
 - Package #1 - Includes Digital Study Models
 - Package #2 - Includes Plaster Study Models
- Orthodontic Diagnostic Service
- Digital Study Models with IPR Analysis

* FEES APPLY

UPPER FIXED REMOVABLE SLEEP SPLINTS

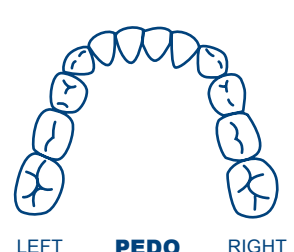
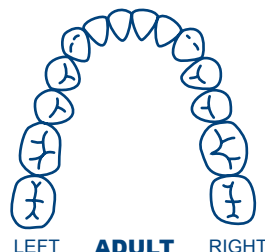
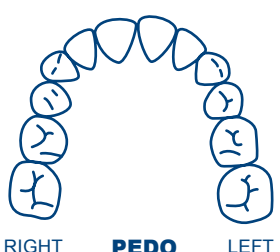
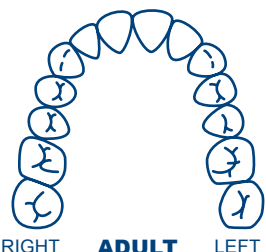
OTHER _____

from Principles of Appliance Therapy textbook

LOWER FIXED REMOVABLE SLEEP SPLINTS

OTHER _____

from Principles of Appliance Therapy textbook



Additional Instructions On Reverse

SIGNATURE

LICENSE NUMBER

GO GREEN! PLEASE SCAN OR MAKE A COPY OF THIS PRESCRIPTION FORM FOR YOUR RECORDS

BEFORE SUBMITTING TO LAB:

- PRESCRIPTION** - Make sure all appropriate sections are completed.
- STONE MODELS** - Be sure to get doctor's final approval on models (to ensure accuracy and completeness). Trim models as small as possible.
- ACCURATE CONSTRUCTION BITE** - Include for all cases where acrylic occlusal coverage or mandibular repositioning is required.
- PACKAGING** - Sturdy cardboard box (provided upon request) is required. Fill box completely with packing material. Wrap models carefully and individually.