

Phone #: _____ Doctor: _____

Office Name: _____ Office Address: _____

Patient Name: _____ Male Female Age: _____

Return Date: _____ Return Time: _____ AM _____ PM (Rush dates not guaranteed without prior approval; charges may apply.)

Arch: Maxillary Mandibular Duplicate Models

Orthodontics

Nightguard

- Hard Resin Thermoflex Dual Laminate (Hard/Soft)
- Duraflex (Hard & Soft Acrylic) Hard Acrylic Softflex
- Panthera NG

Additional Items

- Anterior Guidance Cuspid Rise
- Lingual Strengtheners Posterior Bite Pads
- Clasps: Ball Hang Adams
- Casted Wrought Wire: C-TYPE Y-TYPE Clear Clasp

Removable Appliances

- Kois Deprogrammer Crossbite Twin Block
- Sports Guard Sagittal Schwartz
- Retainer: ClearBow Hawley Wraparound Essix
- Other _____

Fixed Appliances

- Band and Loop LLHA Nance
- Haas: Bonded Banded Tubes & Hooks No Tubes
- RME: Bonded (Hyrax) Banded (Hyrax)
- Tubes & Hooks No Tubes
- Bonded Retainers: 3-3 4-4 With Transfer Tray Kross
- ALF: Max Mand Other _____

Sleep Appliances

- Dorsal Panthera X3 Herbst Sleep
- Dorsal Flex Panthera D-SAD _____

Extended Appliance Insurance Plan
(Call for details and pricing)

Signature _____

License _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions.

Dentures

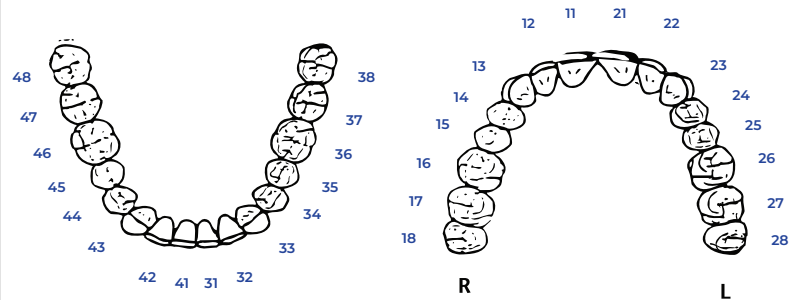
Type of denture:

- Complete Denture Immediate Denture Acrylic Partial
- Valplast® Partial Chrome Cast Partial
- Mould: _____ SHADE: _____

Procedure:

- Bite Block Custom Tray Hard Acrylic Reline
- Try-in Perforated Soft Reline
- Cast Partial Non-Perforated Rebase
- Teeth in Wax 3D Printed Repair
- Handmade Acrylic Finish

Notes:



Please Send Supplies

- RX Sheets Plastic Bags Other
- Social Services _____ ADSC NUMBER _____