

Date: _____ 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

3D Printed: Hard Resin Thermoflex

Premium Hand Crafted: Duraflex (Hard & Soft Acrylic)

Softflex

Dual Laminate (Hard/Soft)

Hard Acrylic

Cold Cure Heat Cure

Removable Appliances

Kois Deprogrammer Crossbite Twin Block

Sports Guard Sagittal Schwarz

Retainer: ClearBow Hawley Wraparound Essix

Additional Items

Anterior Guidance Cuspid Rise

Lingual Strengtheners Posterior Bite Pads

Clasps: Ball Hang Adams

Fixed Appliances

Band and Loop LLHA Nance

Haas: Bonded Banded

RME: Bonded (Hyrax) Banded (Hyrax)

Bonded Retainers: 3-3 4-4

ALF: Max Mand

Sleep Appliances

Dorsal Panthera X3 Herbst Sleep

Dorsal Flex Panthera D-SAD

Extended Warranty for Ortho Appliances (incl. Nightguards)

(Some exclusions may apply. Call for more details.)

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 Metal Partial

SHADE: _____

Procedure:

Bite Block

Custom Tray

Hard Acrylic Reline

Try-in

Perforated

Rebase

Cast Partial

Non-Perforated

Soft Reline

Teeth in Wax

Acrylic Finish

Repair

Notes:

