



DOCTOR _____ DATE SENT _____

E-MAIL ADDRESS _____ DATE WANTED _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

PATIENT'S NAME _____ PATIENT'S AGE _____
(please print)

- PLEASE PHONE ME CONCERNING THIS CASE
- EMAIL ME TREATMENT ESTIMATE
- SEND ME GOOD2GO VIRTUAL TREATMENT PREVIEW
- APPLIANCE REPLACEMENT INSURANCE

PLEASE SEND SUPPLIES:

- RX SHEETS
- EXTRA APPLIANCE KEYS
- RX LABELS
- SHIPPING BAGS
- SHIPPING BOXES
- PLASTIC BAGS



ORTHODONTICS AND ORTHOPEDICS

FUNCTIONAL APPLIANCES

- BIONATOR
 - I - To Open
 - II - To Close
 - III - To Maintain
- ORTHOPEDIC CORRECTOR
 - I - To Open
 - II - To Close
 - III - To Maintain
- FRANKEL Type _____
- HERBST® Type _____
- MARA® Type _____
- TWIN BLOCK Type _____
- OTHER _____

ACTIVE PLATES

- SAGITTAL Upper Lower
- TRANSVERSE Upper Lower
- SPLIT PLATE Occlusal Pads Upper Lower
- SCHWARZ Occlusal Pads Upper Lower
- JACKSON Upper Lower
- FAN EXPANSION Upper Lower
- 3-D SCREW Upper Lower
- 3 SCREW COMBINATION Upper Lower
- OTHER _____

SPLINTS AND NIGHTGUARDS

- PROFLEX3D Upper Lower
- DIAMOND3D Upper Lower
- BIOMAX3D Upper Lower
- DURABITE3D Upper Lower
- DAYLITE Upper Lower
- GELB SPLINT Upper Lower
- DUALFORM HS DIGITAL SPLINT Upper Lower
- NTI PROFLEX SPLINT Upper Lower
- SOFT SPLINT Upper Lower
- POWERBITE MOUTHGUARD Upper Lower
 - Standard
 - Dual
 - Performance
- BLEACHING TRAY Upper Lower
- SNORING / SLEEP APNEA APPLIANCE
Type _____
- OTHER _____

REMOVABLE APPLIANCES

- HAWLEY RETAINER Upper Lower
- CLEARBOW RETAINER Upper Lower
- ESSIX 3-3 7-7 Upper Lower
- CLEARLINE ALIGNER SYSTEM Upper Lower
- HAWLEY SPRING RETAINER Upper Lower
- ANTERIOR SPRING RETAINER
- INMAN™ ALIGNER Upper Lower
- CROSSBITE APPLIANCE Upper Lower
- OTHER _____

FIXED APPLIANCES

- SPACE MAINTAINER Upper Lower
- LINGUAL ARCH Upper Lower
 - 3-3
 - 4-4
 - 5-5
- NANCE APPLIANCE E-E 6-6
- LOWER FIXED SAGITTAL E-E 6-6
- BONDED LINGUAL RETAINER 3-3
- V LOOP LINGUAL RETAINER
- HYRAX® R.M.E. Banded Bonded Haas
- DISTAL JET APPLIANCE
- THUMB SUCKING APPLIANCE
- TONGUE THRUST APPLIANCE
- BLUE GRASS APPLIANCE
- QUAD HELIX Upper Lower
- STRAIGHT WIRE APPLIANCE
 - 6-6
 - 7-7
- INDIRECT BONDING Upper Lower
- WILSON 3-D Upper Lower
Type _____
- OTHER _____

DIAGNOSTICS

- COMPUTERIZED CEPHALOMETRIC TRACING AND ANALYSIS
- PARTIAL DIAGNOSTIC SET-UP Upper Lower
- FULLARCH DIAGNOSTIC SET-UP Upper Lower
- COMPLETE DIAGNOSTIC SET-UP
- EZSMILE DIGITAL TREATMENT DESIGN
Type _____

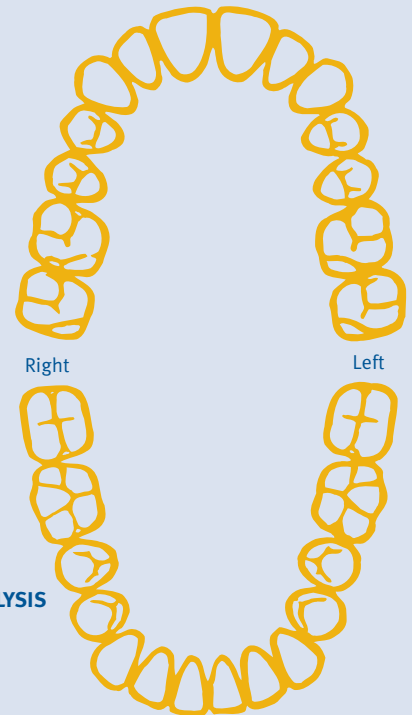
MODELS

- WORKING MODELS
- DIGITAL WORKING MODELS
- ORTHODONTIC MODELS - TRIM ONLY
- DIGITAL ORTHODONTIC STUDY MODELS
- DUPLICATE MODELS

PROTEC PALATE PLEAZERS

Type _____

APPLIANCE DESIGN



SPECIAL INSTRUCTIONS:

DOCTOR'S SIGNATURE: _____