



4104 N. FREEWAY BLVD. • SACRAMENTO, CA 95834
(916) 830-7327 • (800) 786-8848
(916) 830-3769 (FAX)

RX DATE	DUE DATE	<input type="checkbox"/> BY NOON
		<input type="checkbox"/> BY 5:00 PM

ORTHODONTICS NIGHTGUARDS
SPORTS GUARD SLEEP DISORDERS

DUE DATE OK'D BY _____

DOCTOR _____ PHONE _____

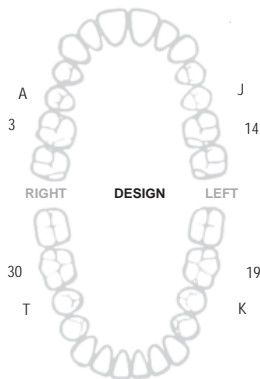
ADDRESS _____ CITY _____

PATIENT FIRST NAME _____ STATE _____ ZIP _____

LAST NAME _____ AGE _____ M F

(PRINT CLEARLY)

<input type="checkbox"/> HAWLEY RETAINER	<input type="checkbox"/> UP <input type="checkbox"/> LOW	COLOR / DESIGN UPPER _____ LOWER _____
<input type="checkbox"/> INVISIBLE OVERLAY RETAINER	<input type="checkbox"/> UP <input type="checkbox"/> LOW	
<input type="checkbox"/> WRAPAROUND RETAINER	<input type="checkbox"/> UP <input type="checkbox"/> LOW	<input type="checkbox"/> ADD SPARKLES <input type="checkbox"/> ADD PATIENT NAME
<input type="checkbox"/> KOIS DEPOGRAMMER		<input type="checkbox"/> EXTEND ACRYLIC TO <input type="checkbox"/> 6'S <input type="checkbox"/> 7'S
<input type="checkbox"/> SPRING RETAINER / ALIGNER	<input type="checkbox"/> UP <input type="checkbox"/> LOW	<input type="checkbox"/> HORSESHOE UPPER ACRYLIC
<input type="checkbox"/> RESET TEETH UP 2 1 1 2 LOW 2 1 1 2		CLASPS / EXTRAS - DRAW OR MARK
<input type="checkbox"/> LINGUAL BONDED RETAINER 3X3		<input type="checkbox"/> CLASP FOR RETENTION & MINIMAL INTERFERENCE
<input type="checkbox"/> SPACE MAINTAINER W / DR'S SEATED BAND		<input type="checkbox"/> BALL <input type="checkbox"/> "C" <input type="checkbox"/> ARROW # _____
<input type="checkbox"/> LINGUAL ARCH W / DR'S SEATED BANDS		<input type="checkbox"/> ADAMS <input type="checkbox"/> DELTA <input type="checkbox"/> RESTS # _____
<input type="checkbox"/> LINGUAL ARCH W / ADJ. LOOPS & DR'S SEATED BANDS		<input type="checkbox"/> BODY WIRE W / MOLAR RESTS
<input type="checkbox"/> SCHWARZ UP <input type="checkbox"/> 1 <input type="checkbox"/> 2 SCREWS <input type="checkbox"/> LOW		<input type="checkbox"/> SOLDER "C" CLASPS # _____
<input type="checkbox"/> 3 WAY UP <input type="checkbox"/> ADD 2ND EXPANSION SCREW		<input type="checkbox"/> PONTIC(S) # _____ SHADE _____
<input type="checkbox"/> SAGITTAL SCREW <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> UP <input type="checkbox"/> LOW		<input type="checkbox"/> LINGUAL SPRINGS # _____
<input type="checkbox"/> NIGHTGUARD-SPLINT _____ <input type="checkbox"/> UP <input type="checkbox"/> LOW		<input type="checkbox"/> ANTERIOR BITE PLANE
<input type="checkbox"/> CLEARSPLINT HARD THERMOPLASTIC		<input type="checkbox"/> POSTERIOR BITE PLANE
<input type="checkbox"/> BIOSTAR HARD-SOFT VACU-FORM		<input type="checkbox"/> TONGUE WIRES <input type="checkbox"/> THUMB WIRES
<input type="checkbox"/> SOFT MOUTHGUARD _____ <input type="checkbox"/> UP <input type="checkbox"/> LOW		<input type="checkbox"/> SPINNER _____
<input type="checkbox"/> SPORTS GUARD _____ <input type="checkbox"/> UP <input type="checkbox"/> LOW		<input type="checkbox"/> _____
<input type="checkbox"/> ANTI-SNORING-SLEEP APNEA DEVICE		<input type="checkbox"/> PLEASE CALL ME _____
<input type="checkbox"/> SINGLE POSITION _____		
<input type="checkbox"/> ADJUSTABLE _____		



SIGNATURE _____ LICENSE# _____

THIS IS YOUR AUTHORIZATION PURSUANT TO THE PROVISIONS OF ARTICLE II OF THE DENTAL PRACTICE ACT OF THE STATE OF CALIFORNIA TO CONSTRUCT, ALTER OR REPAIR THE DENTAL RESTORATION DESCRIBED.

PLEASE SEND RX'S ORTHODONTIC RX'S ALL CERAMIC / FIXED RX'S REMOVABLE BAGS BOXES LABELS