

IMAGE DENTAL ARTS

the art of perfection

DATE _____

DR _____ ASSISTANT _____

ADDRESS _____ CITY/STATE _____

PATIENTS NAME _____ MALE _____ FEMALE _____

DUE DATE _____ by 5:00 p.m. AGE _____

SHADE _____ TYPE OF TEETH _____ MOULD _____

REMOVABLE

- Hawley Retainer
- Schwartz Expander
- Sagittal Expander
- 3 Way Palatal Expander
- Invisible Vacuum Form Retainer
- Jackson Appliance
- EMA
- NTI
- Spring Retainer
- Athletic Mouthguard
- Hard/Soft Splint
- TMJ/Hard Splint
- CLEARsplint® W/FLEX
- Bleaching/Whitening Tray
- Ferrari
- Wrap Around Retainer

FIXED APPLIANCE

- Band And Loop
- Lingual Arch
- Nance
- Distal Shoe
- RPE
- 3X3 Bonded Retainer
- Habit Appliance

ACRYLIC COLOR

- Clear
- Pink (Tissue)
- Blue
- Green
- Black
- Orange
- Purple
- Yellow
- Red

ACRYLIC GLITTER

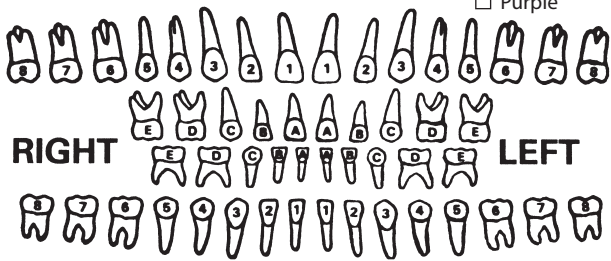
- Red
- Blue
- Silver
- Gold
- Multi Color

NEON COLORS

- Blue
- Green
- Red
- Yellow
- Orange
- Pink
- White
- Teal
- Purple

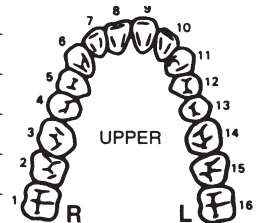
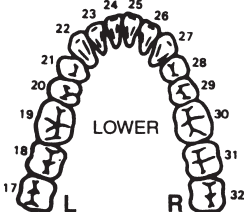
PLEASE SEND:

- RX FORMS
- BOXES
- RETURN LABELS



ILLUSTRATE ADDITIONS

CASE DISINFECTED YES NO



SIGNATURE _____

LICENSE NO. _____

