

NOTIFICATION

-
- CONTACT ME REGARDING CASE
-
- ADDRESS CHANGE
-
-
- SPECIAL INSTRUCTIONS ON FILE
-
- NEW ACCOUNT

SEND ADDITIONAL

-
- Rx FORMS
-
-
- MAILING LABELS/SUPPLIES

OFFICE USE: 1 2 3 4 + **PD:** SA DR

MODELS: U L BOTH BANDS CROWNS BROKEN

IMPRESSIONS: U L BOTH

DISINFECT: _____ **QA IN:** _____ **FINAL INSP:** _____

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ DATE NEEDED* _____

**Date needed should be at least 1 day before appointment date.*
 APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

BRACKET DETAILS
TYPE OF BRACKET PLACEMENT

-
- Traditional
-
- Digital/3DiB

BONDING INFORMATION

-
- Upper
-
- Lower

BRACKET INFORMATION

-
- Use Doctor's Inventory
- If multiple types of brackets in inventory, specify type in special instructions below.*
-
-
- Mailing Brackets for this Case
-
-
- Specialty Provides Brackets
-
- Metal
-
- Ceramic

TRAY INFORMATION

- UPPER**
-
- Full Arch
-
- Midline Arch
-
- Three piece
-
- LOWER**
-
- Full Arch
-
- Midline Arch
-
- Three piece

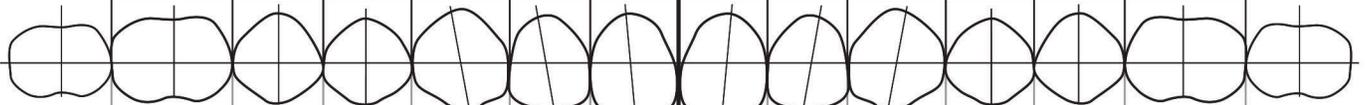
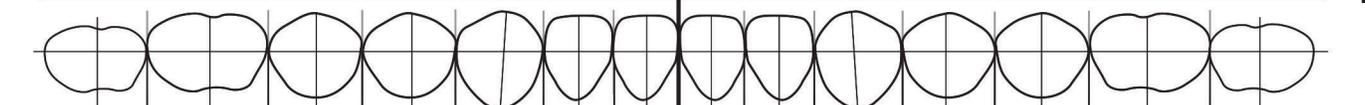
PLEASE INDICATE ON DIAGRAM ABOVE

1. Mark an "X" on teeth missing, to be extracted, or not to be bonded.
-
2. Indicate with arrows over-corrections.

DIGITAL SCAN TAKEN WITH:

-
- iTero
-
- Omnicam
-
-
- Trios
-
- 3M
-
-
- Carestream
-
- Other: _____

BRACKET HEIGHT PRESCRIPTION

Custom Height														Custom Height
Standard Height	3.0mm	4.0mm	4.5mm	5.0mm	4.5mm	5.0mm	5.0mm	4.5mm	5.0mm	4.5mm	4.0mm	3.0mm	Standard Height	
														
														
Standard Height	3.0mm	3.5mm	4.0mm	4.5mm	4.0mm	4.0mm	4.0mm	4.0mm	4.5mm	4.0mm	3.5mm	3.0mm	Standard Height	
Custom Height													Custom Height	

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

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