

ACCOUNT#

PLEASE SEND MORE INFORMATION ABOUT:

- MAILING MATERIALS
- PRODUCTS & SUPPLIES
- DIAGNOSTIC SERVICES
- CONTINUING EDUCATION COURSES
- A.T.P.A. MEMBERSHIP

PATIENT'S FULL NAME (Please Print)	AGE	OFFICE PHONE NUMBER
------------------------------------	-----	---------------------

ACCOUNT#	ADDITIONAL SERVICES: *Fees apply <input type="checkbox"/> RETURN DUPLICATE SET OF MODELS* <input type="checkbox"/> APPLIANCE INSURANCE*
-----------------	---

DUE DATE	(LAB USE ONLY)	DIAGNOSTIC SERVICES *Fees apply
<input type="checkbox"/> EMERGENCY SERVICE FOR APPLIANCES <small>(24 to 48 Hrs. Processing) Fees Apply</small> <input type="checkbox"/> PATIENT WILL BE APPOINTED AFTER APPLIANCE ARRIVES	<input type="checkbox"/> S.I.	<input type="checkbox"/> Phone Consultation Service* <input type="checkbox"/> Digital Study Models* <input type="checkbox"/> Consultation Study Model Fabrication* <input type="checkbox"/> Board Quality Study Model Fabrication* <input type="checkbox"/> Cephalometric Tracing Service* <input type="checkbox"/> Complete Orthodontic Records Package* <ul style="list-style-type: none"> <input type="checkbox"/> Package #1 - Includes Digital Study Models* <input type="checkbox"/> Package #2 - Includes Consultation Study Models* <input type="checkbox"/> Package #3 - Includes Board Quality Study Models* <input type="checkbox"/> Orthodontic Diagnostic Service*

UPPER FIXED # _____
 REMOVABLE from Principles of Appliance Therapy Textbook

RIGHT **ADULT** LEFT RIGHT **PEDO** LEFT

LOWER FIXED # _____
 REMOVABLE from Principles of Appliance Therapy Textbook

LEFT **ADULT** RIGHT LEFT **PEDO** RIGHT

<input type="checkbox"/> Additional Instructions On Reverse	SIGNATURE _____	LICENSE NUMBER _____
---	-----------------	----------------------

PLEASE MAKE A COPY OF THIS PRESCRIPTION FORM FOR YOUR RECORDS

CHECK LIST:

- PRESCRIPTION** - Fill out completely including patient name, due date, and appliance type.
- MODELS** - Pour up in good quality stone and check for accuracy before patient is released. Trim models as small as possible. Have a doctor final check the models for accuracy.
- BITE** - Always send opposing model and wax bite for all prosthetic, habit, bite plane or functional appliances.
- PACKAGING** - Use a sturdy cardboard box (supplied on request). Wrap models carefully and individually to avoid breakage. Fill box completely with packing material