



ORTHO PRO

DENTAL APPLIANCES INC.

PLEASE SEND

- Prescriptions
- Shipping Bags
- Waybills

DOCTOR _____

ADDRESS _____

CITY _____ PROVINCE _____

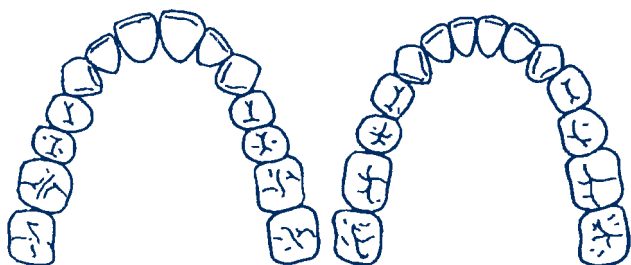
POSTAL CODE _____ PHONE NO. _____

PATIENT _____

DATE _____ DATE DUE _____

ACRYLIC COLOUR/DECAL _____

FINISH TIME	



R UPPER L L LOWER R

- UPPER
- LOWER
- REMOVABLE
- FIXED
- HAWLEY
- ACRYLIC SPLINT
- DUAL LAMINATE SPLINT
- THERMOELASTIC SPLINT
- NTI
- KOIS
- ESSIX
- TWIN BLOCK
- SAGITTAL
- EXPANSION
- STUDY MODEL
- DUPLICATE

SPECIAL INSTRUCTIONS

PLEASE ILLUSTRATE EXACT APPLIANCE DESIGN WHENEVER POSSIBLE TO ENSURE THAT YOU RECEIVE THE DESIGN YOU REQUIRE.

DR SIGNATURE _____

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