

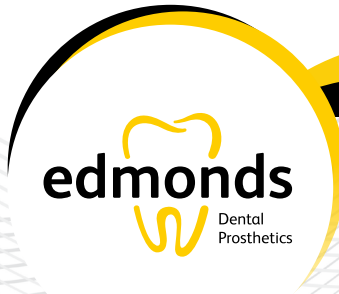
Date: \_\_\_\_\_  
Dr. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Patient: \_\_\_\_\_ Age: \_\_\_\_\_  
Male Female

ENCLOSED WITH CASE

Impression	Attachment	Photos
Articulator	Opposing Model	Bite Relation
Framework	Facebow	
Other: _____		

SPECIAL INSTRUCTIONS

Please Call \_\_\_\_\_ Please Text #: \_\_\_\_\_  
Request Return Date: \_\_\_\_\_ Time: \_\_\_\_\_



2065 W. Woodland • Springfield • MO • 65807 • 800.462.3569



SPLINTS

Maxillary	Mandibular
KeySplint® <small>(3D Printed)</small>	Hard/Soft Hard
Anterior Guidance	Flat Plane <small>(No Guidance)</small>
Centric Contact	Cuspid Rise
Clasping:	Yes No As Needed

ANTERIOR DEPROGRAMMER (Cuspid to Cuspid)

CLEARsplint® Hard Acrylic  
Maximum Protrusion: \_\_\_\_\_ mm

SLEEP APPLIANCES

EMA	Panthera D-SAD
Breathezee	Panthera X3
Please Call For More Options	

SPACE MAINTAINERS

Unilateral	Lower Lingual Holding Arch
Nance	Fixed Lingual Holding Wire

CLEAR ALIGNERS



For More Information  
Please call or email us at aligners@edplabs.com

RETAINERS

Maxillary	Mandibular
Hawley Retainer	Clear Retainer
Clasping:	Ball Adams
Other: _____	

Color Options:

Standard Transparent Colors:

Clear	Clear Pink	Clear Blue
Red	Orange	Yellow
Green	Dark Blue	Purple

Neon Glow Colors:

Glow	Blue	Green
Yellow	Strawberry	Pink
Orange	Purple	Teal

Tropical Tones:

Ocean Blue	Mango Orange	Paradise Pink
Banana Yellow	Lava Red	Key Lime Green

SIGN & COMPLETE PRESCRIPTION

Payment is due upon receipt of statement. Payment not received by the end of the following month is subject to a 1.5 % per month service charge on the unpaid balance plus all collection costs if incurred. Your signature is acceptance of these terms. Each prescription must be completed and signed.

X \_\_\_\_\_  
Doctor Signature License Number