



www.edmondsdentalprosthetics.com

2065 W. Woodland | 1.800.462.3569
Springfield, MO 65807 | FAX: 417.881.0484

SPECIAL INSTRUCTIONS

Please Call Please Text Phone: _____

Request Return Date: _____ Time: _____

DOCTOR INFORMATION

Date: _____
Dr. _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Patient: _____ Age: _____

SPLINTS

Maxillary Mandibular
KeySplint® (3D Printed) Hard/Soft Hard

Anterior Guidance Flat Plane (No Guidance)

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 Transpalatal Arch (TPA)

SIGN & COMPLETE PRESCRIPTION

Payment is due upon receipt of each 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

ENCLOSED WITH CASE

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

RETAINERS

Maxillary Mandibular
Hawley Retainer Clear Retainer Fixed 3 x 3

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 Red Pink
Orange Purple Teal

Tropical Tones:

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

CLEAR ALIGNERS

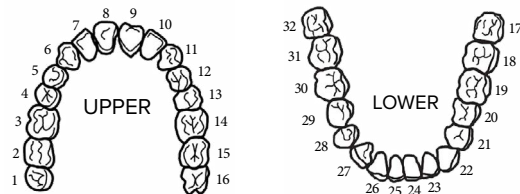
Discover the **Clear Aligner Advantage**



STARTER KIT
MARKETING MATERIALS
\$98.00



ASK US HOW TO
GET STARTED TODAY!
800-462-3569 ext. 171



PLEASE PRINT TWO COPIES OF COMPLETED SCRIPT. KEEP ONE FOR YOUR RECORDS AND SEND ONE WITH YOUR CASE