

Specialty Prescription Order Sheet

Please clearly print or type prescription. Allow time for mail, weekends, holidays, and fabrication. Remember, the appliance you get can only be as good as the model we receive.

Doctor's Name _____ Phone _____

Street Address _____

CITY _____ STATE _____ ZIP _____

Patient's Name _____

Date Needed _____ Time _____ AM / PM

SELF-ADJUSTING SPRING ALIGNER

- Upper
- Lower

LATERAL EXPANSION ALIGNER

- Upper
- Lower

SPEED ALIGNER *(circle teeth below)*

- Upper 6 7 8 9 10 11
- Lower 22 23 24 25 26 27


ANTERIOR EXPANSION ALIGNER *(circle teeth below)*

- Upper 6 7 8 9 10 11
- Lower 22 23 24 25 26 27

FREE SHIPPING!

Just cut out this business reply label, tape it to a box with your order and Rx inside, and set it out for your postman. We will send more labels and Rx sheets with your return orders!

Thank you for your business!



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 59 OREM, UT

POSTAGE WILL BE PAID BY ADDRESSEE

ORTHOTECH ORTHODONTIC LABORATORY
 SUITE 2
 344 WEST 920 NORTH
 OREM UT 84057-9933

