

Dr. _____ Date: _____
 Address: _____
 City: _____ State: _____
 Phone: _____ Zip: _____
 Patient: _____ Age: _____
 Male Female
 Request Return Date: _____ Time: _____

ENCLOSED WITH CASE

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

Special Instructions:

Please Call
 Please Text: # _____



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

SPLINTS

Keysplint® Hard/Soft Hard (standard)
 Anterior Guidance Flat Plane (No Guidance)
 Centric Contact Cuspid Rise
 Claspings: Yes No As Needed

ANTERIOR DEPROGRAMMER (Cuspid to Cuspid)

CLEARPrinted® Hard Acrylic
 Maximum Protrusion _____ mm

SLEEP APPLIANCES*

EMA Panthera D-sad
 Breathezee Panthera x3
 *call for more options

SPACE MAINTAINERS

Unilateral Lower Lingual Holding Arch
 Nance Lingual Holding Wire

MOUTHGUARD (soft)

Athletic Guard Strap

CLEAR ALIGNERS



For more information please call or email us at Aligners@EDPLabs.com

ORTHODONTICS

Maxillary Mandibular

RETAINERS

Hawley Retainer Clear Retainer
 Claspings: Ball Adams
 Other: _____

Retainer 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

ALL RX FORMS

Follow the QR Code to print more Rx forms!



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

Print 2 copies of completed script, keep one for your records and send the other one with the case. 10/21