

Doctor :

Phone :

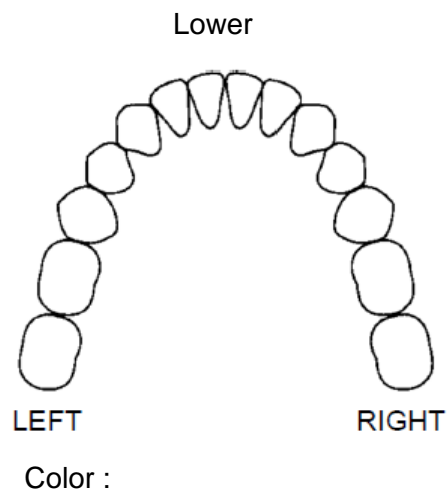
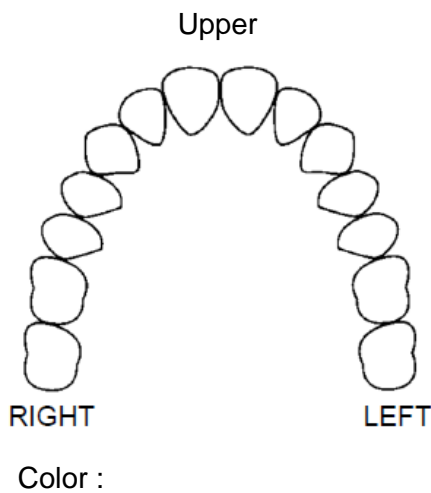
Address :

Due Date :

Rush

Patient :

F / M Age :



Description of work

NightGuards	Upper	Lower			
Thermoflex	Dualflex	Hard	NTI	Gelb	etc. :

3D Model	Upper	Lower	
Horseshoe base	Low profile base	Full base	

Dr. Signature : _____

Date :