

DENTAL PROSTHETIC SERVICES Orthodontic Rx



Doctor: _____ **Patient:** _____
Phone: _____ **Age:** Youthful Middle-Age Mature
Address: _____ **Gender:** Female Male
City/State/ZIP: _____ **Intraoral scans sent. System:** _____
Contact for case questions: _____
Contact email: _____ **Email can be used for case questions?** Yes No
Special Delivery Instructions: _____

Deliver by 5:00pm on ____ / ____ / ____

General Information

Maxillary **Mandibular**

Splints

- Durasplint Hard acrylic
 Flat plane Anterior coverage only
 Cuspid rise Anterior guidance
 Centric contact

Mouthguard (soft)

- Proform
 Athletic guard Strap
 Night guard

Space Maintainers

- Unilateral Bilateral
 Nance

Miscellaneous

- Soap models
 Bleaching laminate
 Relief No relief

I would like a phone call regarding instructions

Comments:

Retainers

- Hawley retainer
 DPS Clear Align retainer

Select Claspings

- Ball Adams

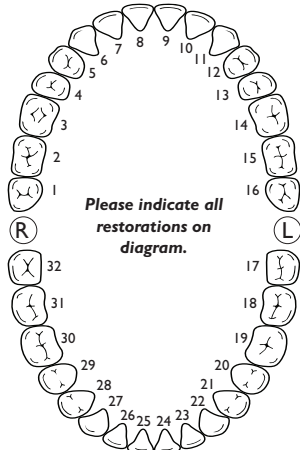
Select Color

- | Standard Translucent | Glitter (clear acrylic with glitter) | Neon Colors |
|--|--------------------------------------|---|
| <input type="checkbox"/> Rosa (standard) | <input type="checkbox"/> Aqua | <input type="checkbox"/> Glow in the dark |
| <input type="checkbox"/> Black opaque | <input type="checkbox"/> Blue | <input type="checkbox"/> Green |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Green | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Blue opaque | <input type="checkbox"/> Multi | <input type="checkbox"/> Pink |
| <input type="checkbox"/> Caribbean blue | <input type="checkbox"/> Opalescent | <input type="checkbox"/> Purple |
| <input type="checkbox"/> Green | <input type="checkbox"/> Orange | <input type="checkbox"/> Teal |
| <input type="checkbox"/> Lime green | <input type="checkbox"/> Purple | <input type="checkbox"/> Yellow |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Red | |
| <input type="checkbox"/> Persimmon | <input type="checkbox"/> Silver | |
| <input type="checkbox"/> Purple | | |
| <input type="checkbox"/> Red | Biocryl | |
| <input type="checkbox"/> Red opaque | <input type="checkbox"/> Camouflage | |
| <input type="checkbox"/> Teal | <input type="checkbox"/> Polka dot | |
| <input type="checkbox"/> White opaque | <input type="checkbox"/> Rainbow | |
| <input type="checkbox"/> Yellow | <input type="checkbox"/> Tiger | |
| <input type="checkbox"/> Yellow opaque | <input type="checkbox"/> Zebra | |

DENTAL PROSTHETIC SERVICES
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Please send my office:

Rx Fixed Rx Sleep
 Rx Removable Rx Implants
 Rx Ortho Boxes
 UPS/Mailing Labels



Doctor Signature: _____
 (Please select shade, age, gender, and delivery date)