

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

- Upper Self-Adjusting Spring Aligner
- Lower Self-Adjusting Spring Aligner

- Upper Tooth Reset Retainer
- Lower Tooth Reset Retainer

- Upper Speed Aligner

Circle teeth for springs: 6 7 8 9 10 11 12

- Upper Speed Aligner

Circle teeth for springs: 22 23 24 25 26 27

FREE UPS Shipping Labels available! Call 801-224-4141 to receive a label via fax or simply download the labels and print them out at the following web address: orthotech.net/forms/label.pdf

Thank you for your business!