



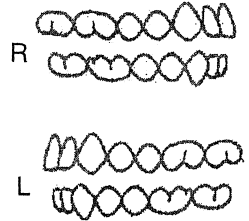
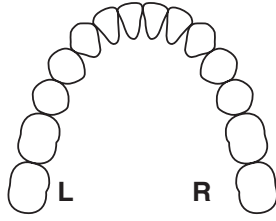
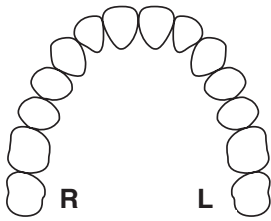
PRESCRIPTION SHEET

DOCTOR _____ DATE SHIPPED _____

ADDRESS _____ DATE DUE _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ PATIENT NAME _____



Flat Plane Splint

Upper

Lower

Centric Relation Splint

Upper

Lower

Anterior Repositioning Splint

Upper

Lower

M.O.R.A. Gelb Splint

Indexing

No Indexing

Tanner Splint

Lower

Sports Guard

2 mm

3 mm

Upper

Lower

Material:

Hard Acrylic

Heat Softening Acrylic

Dual Laminate

Clasping:

None

Ball Clasp

Arrow Clasp

Adams Clasp

Articulated Models Enclosed

SAM

Denar

Panadent

Special Instructions _____
