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LAB USE ONLY

**Prezurv™ Retainer Systems Rx**

Dr. \_\_\_\_\_ Acct # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Patient \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail \_\_\_\_\_

Shipped \_\_\_\_\_ Placement Date \_\_\_\_\_

(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)

**Submitted scans digitally through:**

Spark  Medit  iTero  3Shape  Midmark  Other \_\_\_\_\_

**(Submit digital Rx to: [digital.services@aolab.com](mailto:digital.services@aolab.com))**

**Special Instructions**

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**In Office Marketing Supplies**

Send complimentary office counter top display kit

Send refill pamphlets for display

**Allesee Orthodontic Appliances - 13931 Spring Street - Sturtevant, WI 53177**  
**Phone 1-800-262-5221 - Fax 262-886-6879 - International 262-886-1050**

**1. Choose from the following:**

**prezurv<sup>+</sup>PLUS** TruGEN XR™ .040

|  |  |             |
|--|--|-------------|
| <b>Select Arch</b>                     | <b>Select # of trays</b>   |             |
| <input type="checkbox"/> Upper         | <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Other _____ |
| <input type="checkbox"/> Lower         | <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Other _____ |
| <input type="checkbox"/> Straight Trim | <input type="checkbox"/> Scalloped Trim  |             |

**\* If Quantity is not selected, you will receive 2 trays per arch as our standard. If trim is not selected you will receive straight trim.**

Include Pontic: \_\_\_\_\_ Shade \_\_\_\_\_ Location \_\_\_\_\_

**prezurv™** .030

|  |  |             |
|--|--|-------------|
| <b>Select Arch</b>                     | <b>Select # of trays</b>   |             |
| <input type="checkbox"/> Upper         | <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Other _____ |
| <input type="checkbox"/> Lower         | <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Other _____ |
| <input type="checkbox"/> Straight Trim | <input type="checkbox"/> Scalloped Trim  |             |

**\* If Quantity is not selected, you will receive 2 trays per arch as our standard. If trim is not selected you will receive straight trim.**

Include Pontic: \_\_\_\_\_ Shade \_\_\_\_\_ Location \_\_\_\_\_

**2. Bundle with Memotain:**

Upper     2-2     3-3     4-4

Lower     2-2     3-3     4-4

**3. Additional Fixed Retainer Options:**

Upper                       Lower

E-Z Bond Retainer (includes transfer tray)

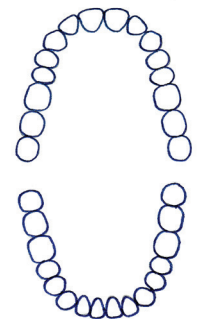
Mesh Pad Bonded - pads on cuspids

Composite pads on all anteriors

M.C.L.R. (Krause) (indicate mesh pads on diagram)

Include Transfer Tray

|   |  |   |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7 6 5 4 3 2 1   |  | 1 2 3 4 5 6 7   |
| R   |  | L   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7 6 5 4 3 2 1   |  | 1 2 3 4 5 6 7   |



**Please mark either diagram.**

Dr. Signature \_\_\_\_\_

