

LAB USE ONLY

Prezurv™ Clear Retainer System 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:

Lythos iTero 3M Box Other _____

(Submit digital Rx to: digital.services@aolab.com)

Special Instructions

Prezurv™ is a set of clear retainers designed to hold your teeth's ideal position. **Prezurv** is made from a clear durable material and is used to prevent relapse and maintain your healthy, beautiful smile.

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

1. Choose Prezurv Arches and Quantity:

Full: Select Arch: Upper Lower Both

 # per Arch: 2 4 8 12

Include Pontic _____

Shade _____ Location _____

2. Bundle with Memotain:

<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> 2-2	<input type="checkbox"/> 2-2
<input type="checkbox"/> 3-3	<input type="checkbox"/> 3-3
<input type="checkbox"/> 4-4	<input type="checkbox"/> 4-4

3. Additional Fixed Retainer Options:

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

Please mark either diagram.

<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"/>
7	6	5	4	3	2	1	1	2	3	4	5	6	7

4. Additional Options:

Bleaching Tray

Upper Lower Both

Add Reservoirs

5. In Office Marketing Supplies

Send complimentary office counter top display kit

Send refill pamphlets for display

Dr. Signature _____

Laboratory Use Only

IMP

PTC

DIG

POSTAGE
