A close up of a sign

Description generated with very high confidence

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| * PHONE ME REGARDING THIS CASE * SPECIAL INSTRUCTIONS ON FILE * NEW ACCOUNT * SEND LAB * ADDRESS CHANGE SERVICE PACKET | SEND ADDITONAL   * RX FORMS * MAILING LABELS * SHIPPING SUPPLIES | **OFFICE USE:**  1 2 3 4 + PD: SA DR  Models: U L Both Bands Crowns Broken  Impressions: U L Both  Final Insp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | WHAT TO SEND FOR ALIGNERS  We recommend impressions for aligners taken with alginate be poured immediately using high quality stone. As an alternative, customers may send PVS type impressions to Superior Orthodontics Laboratory. |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State\_\_\_\_\_\_\_\_\_\_ | | Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date Shipped \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date Needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Approval to charge Express Shipping to return on date needed | | | |
| Appointment Date and Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| |  |  |  | | --- | --- | --- | | ALIGNER SERIES REQUSETED | | | | * As Needed (1-3) | * Upper | * Lower | | * As Needed (4-5) | * Upper | * Lower | | * Refinement / Continued Tx | * Upper | * Lower | | * Retention Retainer | * Upper | * Lower | | Check Teeth to be Overcorrected / Circle Teeth to be Reset | | |      |  |  |  | | --- | --- | --- | | * Reset Upper and Lower Cuspid to Cuspid | | | | * Reset Upper and Lower 1st Bicuspid to 1st Bicuspid | | | | * Reset Teeth Indicated to Best Advantage | | | | * Overcorrect Teeth as Indicated – per diagram above | | | | FINAL RETAINERS | | | | * Invisible | * Upper | * Lower | | * Essix – Full Arch | * Upper | * Lower | | IPR INSTRUCTIONS   * Enamel Reduction – Indicate on Diagram * Reduce Teeth as Needed in Laboratory * Returned with Case IPR Amount and Location * IPR Done Clinically Prior to Impressions * No IPR for Reset |

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| SPECIAL INSTRUCTIONS: | Tooth # System used | * Universal | | * Palmer |
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| Dr. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |