R-N/A Pour Dupe	RA AP CC	Call B/C: On In Tray	Note Loose	Open	S. Dept √	Pan ID
		Decal Photo Pontic-c	CS xRay shade	R. Dept √	Ship	Ship Date

Prezurv[™] Clear Retainer System

Dr. _____ Acct # ____



Address —							
City, State, Zip							
Patient							
Tel #	Fax #						
E-Mail							
Shipped (PLACEMENT DATE SI	Placement Date						
Submitted scans digitally through: Lythos iTero	☐ 3M ☐ Box ☐ Other						
Special Instructions							
	r retainers designed to hold your teeth's to be worn every three months. Prezurv is naterial.						

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

White and Yellow: Laboratory Copy

1. Choose Options:						
Arch Selection:	Upper	Lower	Both			
Supply:	1 Year	2 Year	3 Year			
1 Yr = 4 per arch 2 \	/r – 8 par arch	3 Vr — 12 n	or arch			
111 – 4 per arcii 2 i	i – o per arcii	3 Yr = 12 p	er arcii			
2. Method of Records						
☐ New Impression (PV:	S, Plaster or Ston	e Model)				
☐ Digital Scan						
Scanner Sou	ırce					
Use Existing Scan Id #						
3. Options	3. Options					
☐ Bonded Lingual Wires						
☐ Remove ☐ Maintain						
☐ Include Pontic						
Shade	Location					
4. Supplies						
4. Supplies						
Send complimentary office counter top display kit						
Send refill pamphlets for display						
Shipping Boxes Prescription Sheets						
Pre-Paid Shipping Bags Catalog & Pricing Guide						
Other						

Dr. Signature _____



Laboratory Use Only

IMP	
PTC	
DIG	
POSTAGE	