

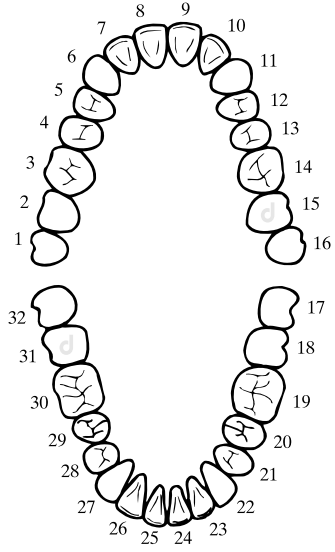
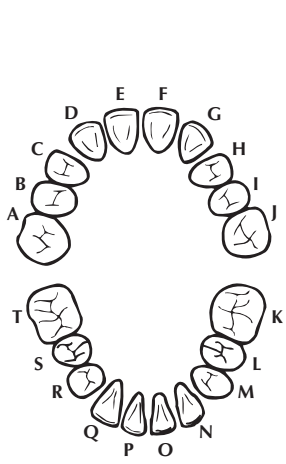
3361 Gorham Ave., St. Louis Park, MN 55426  
 952-926-9266, 800-248-9943, Fax 952-926-9276  
 email photos to: photos@udell dental.com

Doctor: \_\_\_\_\_  
 Patient's Name: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## Orthodontic Prescription

- Appliance type: \_\_\_\_\_  
Please design your appliance
- Splint: upper / lower (circle one)  
Hard / thermoflex / soft / dual laminate / gelb (circle one)
- Hawley Retainer: upper / lower (please design)  
Color / design \_\_\_\_\_
- Proform Mouthguard: Color: \_\_\_\_\_
- Total Appliance Protection Plan

- Bags     Ortho Rx     Mailing Labels or Boxes
- Denture and Crown & Bridge Rx     Fee Schedule



Signature: \_\_\_\_\_ License #: \_\_\_\_\_