



Your Total Orthodontic Solution!™

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IF NEW ACCOUNT:

DOCTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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BUSINESS REPLY LABEL

FIRST CLASS PERMIT NO. 8722, ST. LOUIS, MO
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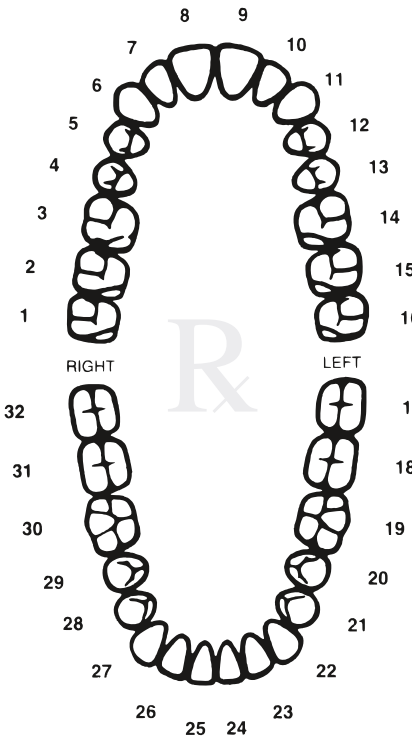


P.O. Box 99
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PLEASE USE DATE WANTED BOX TO AVOID DELAYS

PATIENT'S NAME AGE DATE SENT DATE WANTED
RETURN VIA REMOVE BRACKETS DO NOT REMOVE BRACKETS RETURN MODELS
FIRST CASE SEND MORE RXS SEND BOXES

UPPER COLOR



LOWER COLOR

- BIONATOR
EZ-ALIGN®
FIXED

- FRANKEL
HABIT APPLIANCE
HAWLEY

- HAWLEY SPRING RETAINER
HERBST®
MARA
SAGITTAL
SCHWARZ
SERIES 2000®

- SPLINT
TANDEM
TOOTH POSITIONER
TWIN BLOCK™
DUPLICATION

- OPEN BITE CLOSE BITE NEUTRAL
UPPER LOWER RESET
BAND RPE DISTAL JET™ PENDULUM OTHER
BONDED RPE WILLIAMS WILSON™ TYPE
NANCE TRANS PALATAL LHA TYPE
FLEA BONDED RETAINER E ARCH
TYPE
TONGUE THUMB MYO-FUNCTIONAL BEAD
UPPER LOWER ESSIX™ RETAINER
CLASP BALL ADAMS CIRCUMFERENTIAL
ARROW FINGER
LABIAL WIRE 3 X 3 CIRCUMFERENTIAL QCM
SPRINGS FINGER MUSHROOM
UPPER LOWER RESET
TYPE
EXPANSION
UPPER LOWER
UPPER LOWER
MAX® DMAX® DMJ® SAL®
MSX® MJX® SAG® SAN®
EAS® TB-SAG® MSC® CS-2000®
TYPE
UPPER LOWER
TYPE
TO OPEN TO CLOSE TYPE
STUDY MODELS
(SOAPED FOR PRESENTATION)

321 123
321 123
21 12
21 12

COMMENTS

PHONE NUMBERS SIGNATURE PRINT NAME