



**SERIES 2000® PRESCRIPTION**

10403 International Plaza Drive  
P.O. Box 99 • St. Ann, Missouri 63074  
(800) 489-4020 • (314) 426-4020 • FAX (314) 429-7575  
rx@dynaflex.com • www.dynaflex.com

**IF NEW ACCOUNT:**

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

ACCT. #	OFC #	License #
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**BUSINESS REPLY LABEL**  
FIRST CLASS PERMIT NO. 8722, ST. LOUIS, MO  
POSTAGE WILL BE PAID BY ADDRESSEE

**DynaFlex®**  
P.O. Box 99  
St. Ann, Missouri 63074-9910

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

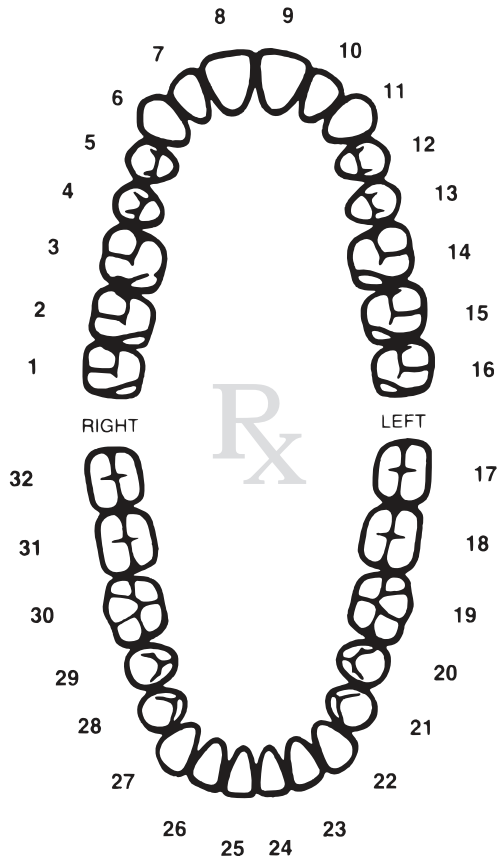
**RX FORMS ARE AVAILABLE AT [www.dynaflex.com](http://www.dynaflex.com)**

**PLEASE PROVIDE DATE WANTED TO AVOID DELAYS**

PATIENT'S NAME	AGE	DATE SENT	DATE WANTED <small>IN LAB 3-5 DAYS</small>	<input type="checkbox"/> FIRST CASE <input type="checkbox"/> SEND MORE RXS <input type="checkbox"/> SEND BOXES
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# Series 2000® Appliances

UPPER COLOR \_\_\_\_\_



### UPPER

- DMJ-2000®
- MAX-2000®
- DMAX-2000®
- SAG-2000®
- TB SAG-2000®
- SAN-2000®

### LOWER

- MJX-2000®
- MSX-2000®
- SAL-2000®
- MSC-2000®

<input type="checkbox"/> EAS-2000®	Lower _____	Upper _____
<input type="checkbox"/> CS-2000®	Lower _____	Upper _____
<input type="checkbox"/> EZ-2000®	Lower _____	Upper _____

- DUPLICATION OF CASTS
- DIGITAL MODEL STORAGE
- RETURN MODELS

COMMENTS

PHONE NUMBER

SIGNATURE

PRINT NAME