



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

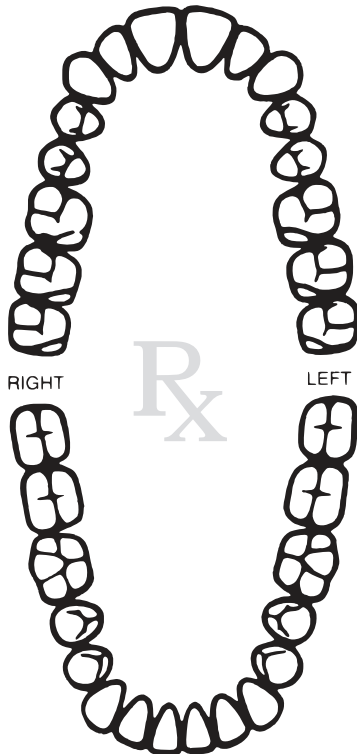
RX FORMS ARE AVAILABLE AT www.dynaflex.com

PLEASE PROVIDE DATE WANTED TO AVOID DELAYS

PATIENT'S NAME	AGE	DATE SENT	DATE WANTED <small>IN LAB 5-7 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®
- E-ARCH

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

- DUPLICATION OF CASTS
- DIGITAL MODEL STORAGE
- RETURN MODELS

COMMENTS

PHONE NUMBER

SIGNATURE

PRINT NAME