



SMARTJET™ 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 #
---------	-------	-----------



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

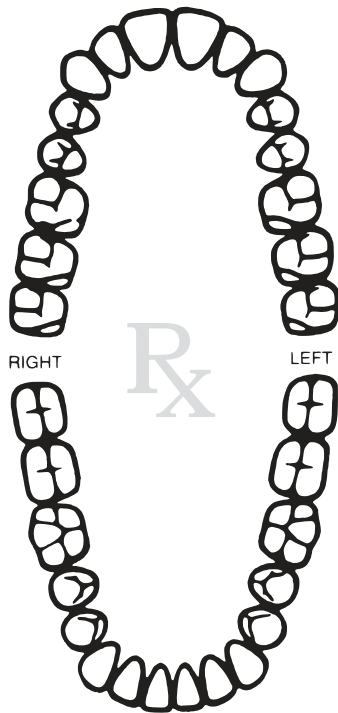
RX FORMS ARE AVAILABLE AT www.dynaflex.com

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
----------------	-----	-----------	--	--

UPPER COLOR _____

SmartJet™



- UPPER LOWER
- DISTALIZATION MESIALIZATION
- ADD MIDLINE SCREW

BANDS

R	7	6	5	4	4	5	6	7	L
	7	6	5	4	4	5	6	7	

IF BICUSPID BANDS REQUESTED:

- INCLUDE HORIZONTAL SHEATH
- CONNECT BANDS TO APPLIANCE

RESTS

R	6	5	4	3	3	4	5	6	L
	6	5	4	3	3	4	5	6	

- STUDY MODELS
- DUPLICATE MODELS
- RETURN MODELS

- INCLUDE ADJUSTMENT TOOL
- .STL (3D IMAGES) SENT

COMMENTS

PHONE NUMBER	SIGNATURE	PRINT NAME
--------------	-----------	------------