



### 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@dynaflux.com • www.dynaflux.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

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

NO POSTAGE NECESSARY  
IF MAILED IN THE  
UNITED STATES

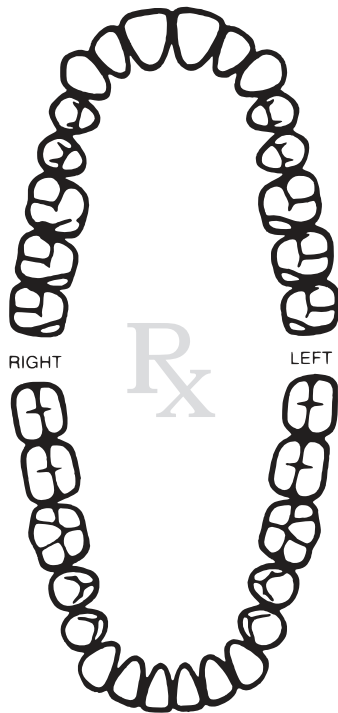
**RX FORMS ARE AVAILABLE AT [www.dynaflux.com](http://www.dynaflux.com)**

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

# SmartJet™



- UPPER                       LOWER
- DISTALIZATION               MESIALIZATION
- ADD MIDLINE SCREW

BANDS

7	6	5	4	4	5	6	7
7	6	5	4	4	5	6	7

IF BICUSPID BANDS REQUESTED:

- INCLUDE HORIZONTAL SHEATH
- CONNECT BANDS TO APPLIANCE

RESTS

6	5	4	3	3	4	5	6
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
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