



ORTHO PRESCRIPTION

8050 Hawk Ridge Trail
P.O. Box 390 • Wentzville, Missouri 63385
(800) 489-4020 • (314) 426-4020 • FAX (314) 429-7575
rx@dynaflflex.com • www.dynaflflex.com

IF NEW ACCOUNT:

DOCTOR _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____

ACCT. # _____ OFC # _____ License # _____



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

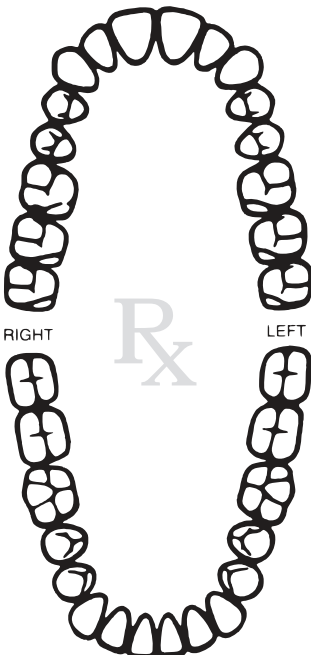
BUSINESS REPLY LABEL
FIRST-CLASS MAIL PERMIT NO. 8000 WENTZVILLE, MO

POSTAGE WILL BE PAID BY ADDRESSEE

DynaFlex®
P.O. Box 390
Wentzville, MO 63385-9811

RX FORMS ARE AVAILABLE AT WWW.DYNAFLEX.COM

PLEASE PROVIDE DATE WANTED TO AVOID DELAYS

PATIENT'S NAME	AGE	DATE SENT	DATE WANTED	IN LAB 5-7 BUSINESS DAYS	<input type="checkbox"/> FIRST CASE <input type="checkbox"/> SEND MORE RXS <input type="checkbox"/> SEND BOXES					
<p>Ready for 30 Second Case Submission? Start submitting your case using DynaFusion Digital Rx Submission System. Accepts Digital and Traditional Models. www.dynaflflex.com/dynafusion-about</p> <p><input type="checkbox"/> REMOVE BRACKETS/BRACE ERASE <input type="checkbox"/> RETURN MODELS <input type="checkbox"/> UPPER COLOR _____</p>  <p><input type="checkbox"/> LOWER COLOR _____</p>	<input type="checkbox"/> BIONATOR <input type="checkbox"/> DEFEND® <input type="checkbox"/> EZ-CLEAR RETAINER <input type="checkbox"/> EZ-X® <input type="checkbox"/> EZ-ALIGN® <input type="checkbox"/> FIXED <input type="checkbox"/> CUSTOM DIRECT PRINTED BANDS*		<input type="checkbox"/> OPEN BITE <input type="checkbox"/> UPPER QTY _____ <input type="checkbox"/> UPPER <input type="checkbox"/> UPPER <input type="checkbox"/> UPPER <input type="checkbox"/> BANDED RPE <input type="checkbox"/> BONDED RPE <input type="checkbox"/> HAAS <input type="checkbox"/> SLIMLINE (U) <input type="checkbox"/> SUPER SCREW <input type="checkbox"/> FRANKEL <input type="checkbox"/> HABIT APPLIANCE <input type="checkbox"/> HAWLEY <input type="checkbox"/> HAWLEY SPRING RETAINER <input type="checkbox"/> HERBST® <input type="checkbox"/> MARA® <input type="checkbox"/> PROFORM MOUTH GUARD <input type="checkbox"/> SAGITTAL <input type="checkbox"/> SCHWARZ <input type="checkbox"/> SERIES 2000® <input type="checkbox"/> SLEEP APPLIANCE <input type="checkbox"/> SMARTJET™ <input type="checkbox"/> SPLINT <input type="checkbox"/> TANDEM <input type="checkbox"/> TWIN BLOCK™ <input type="checkbox"/> ABO FULL BASED STUDY MODELS <input type="checkbox"/> SLIM BASED STUDY MODELS		<input type="checkbox"/> CLOSE BITE <input type="checkbox"/> LOWER QTY _____ <input type="checkbox"/> LOWER <input type="checkbox"/> LOWER <input type="checkbox"/> LOWER <input type="checkbox"/> DISTAL JET™ <input type="checkbox"/> WILLIAMS <input type="checkbox"/> TRANS PALATAL <input type="checkbox"/> SLIMLINE (L) <input type="checkbox"/> FAN GEAR <input type="checkbox"/> THUMB <input type="checkbox"/> LOWER <input type="checkbox"/> BALL <input type="checkbox"/> ARROW <input type="checkbox"/> 3X3 <input type="checkbox"/> FINGER <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> DISTALIZATION <input type="checkbox"/> LOWER <input type="checkbox"/> TO OPEN <input type="checkbox"/> TO CLOSE <input type="checkbox"/> DUPLICATE MODELS <input type="checkbox"/> PRINT & RETURN WORKING MODELS ONLY		<input type="checkbox"/> NEUTRAL <input type="checkbox"/> RESET 321 123 <input type="checkbox"/> RESET 321 123 <input type="checkbox"/> DISTAL JET W/ SCREW <input type="checkbox"/> LHA <input type="checkbox"/> NANCE <input type="checkbox"/> FLEA <input type="checkbox"/> QUAD HELIX <input type="checkbox"/> BLUEGRASS <input type="checkbox"/> ADAMS <input type="checkbox"/> FINGER <input type="checkbox"/> WRAP AROUND <input type="checkbox"/> MUSHROOM <input type="checkbox"/> LOWER <input type="checkbox"/> MARA® U <input type="checkbox"/> ANTERIOR DRIVE <input type="checkbox"/> 3-WAY SCREW <input type="checkbox"/> DMAX®-RPE <input type="checkbox"/> SAG® <input type="checkbox"/> MSC® <input type="checkbox"/> MESHALIZATION <input type="checkbox"/> ADD SCREW		<input type="checkbox"/> PENDULUM <input type="checkbox"/> WILSON™ TYPE _____ <input type="checkbox"/> E ARCH <input type="checkbox"/> BONDED RETAINER (3X3) <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CIRCUMFERENTIAL <input type="checkbox"/> QCM <input type="checkbox"/> RESET 21 12 <input type="checkbox"/> RESET 21 12 <input type="checkbox"/> HELMET STRAP <input type="checkbox"/> DISTAL DRIVE <input type="checkbox"/> 3-SCREW <input type="checkbox"/> NORD <input type="checkbox"/> DMJ® <input type="checkbox"/> SAN® <input type="checkbox"/> CS®SET UP <input type="checkbox"/> FAN GEAR <input type="checkbox"/> SAL®	

* Learn more about Custom Direct Printed Bands at www.dynaflflex.com/direct-printed-bands

COMMENTS

PHONE NUMBER SIGNATURE PRINT NAME