

UDELL

DENTAL LABORATORY

3361 Gorham Ave., St. Louis Park, MN 55426
952-926-9266, 800-248-9943, Fax 952-926-9276
email photos to: nancy@udell dental.com

Doctor: _____

Patient's Name: _____

Date Sent: _____ Appointment Date & Time: _____

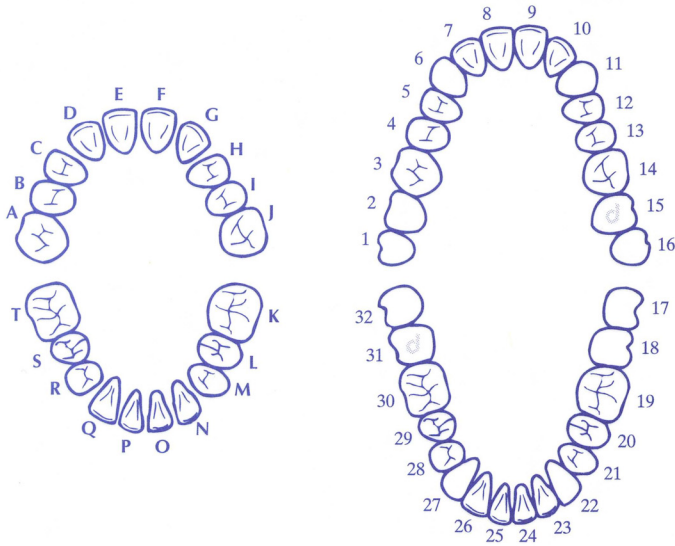
Address: _____

Phone: _____

Orthodontic Prescription

- Appliance type: _____
Please design your appliance
- Splint: upper / lower (circle one)
Hard / thermoflex / soft / dual laminate / gelb (circle one)
- Hawley Retainer: upper / lower (please design)
Color / design _____
- Proform Mouthguard: Color: _____
- Total Appliance Protection Plan

- Bags Ortho Rx Mailing Labels or Boxes
- Denture and Crown & Bridge Rx Fee Schedule



Signature: _____ License #: _____

FM4-4031-0002-001