

Dr Name: _____

Surgery Address: _____

Surgery Phone: _____

Surgery Email: _____

Scanner Brand: _____

Scan ID: _____

Patient Name/ID: _____

Dr Signature: _____

Due Date: _____

EXPRESS DELIVERY

Special Instructions: _____

PLEASE TICK OPTIONS BELOW

MANDIBULAR ARCH

MAXILLARY ARCH

Material

- Co-Cr ★
- Titanium

Colour, if Titanium selected

- None ★
- Light Blue
- Dark Blue
- Purple
- Yellow/Gold
- Pink

Design

- Straight ★
- Serpentine
- Serpentine Perio

Tooth Coverage

- Canine to Canine ★
- Lateral to Lateral
- Central to Central
- Other _____

Tooth Movement Optimised (TMO)

- Yes, Tooth Movement Table with this form ★
- No

Add Pontic

Tooth Number _____
Shade _____

Add Hercules

- Extend to gingival margin
- No Infinity coverage

★ Indicates option default if none selected

Please send your order form to contact@eocalab.com.au