



Dental Arts • St. Louis Orthodontic Laboratory

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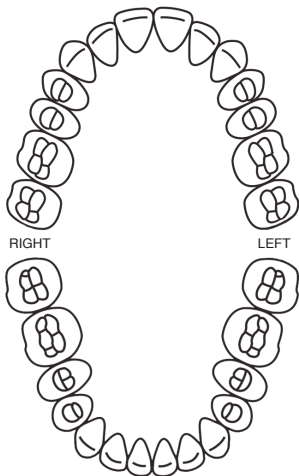
Dr. _____ **Please send:**
 Address _____ Shipping Labels
 City _____ State _____ Zip _____ Boxes
 Phone _____ Return Date ____/____/____ Prescriptions

Patient's Name _____ Age _____ Sex M F

Construct Appliance Cost Estimate

APPLIANCE DESIGN

- Upper
- Lower
- Schwarz
- Jackson
- Sagittal
- Bionator
- Crozat
- Duplicate Models
- Display Models
- Gelb Splint
- Hawley Retainer
- Fixed
- Habit Appliance
- Other



INSTRUCTIONS (continue on back if necessary) _____

Signature of Dentist _____

License Number _____ Date ____/____/____