



Today's Date: \_\_\_\_\_

Please have a technician call me:  Yes  No

Disinfected:  Yes  No

Please send:  Prescriptions  Boxes

Shipping Labels:  FedEx billable stamp  Prepaid US Mail labels

Dr: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Reqstd. Return Date: \_\_\_\_\_

Date of next appt: \_\_\_\_\_

Time of next appt: \_\_\_\_\_

Patient: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Choose the Appliance:**

**Includes:**

Valplast Flipper/Nesbit  V-Stop Nesbit

Doctor's Choice Teeth

Valplast Classic  V-Stop Classic

Lab Choice Teeth

Valplast Select  V-Stop Select

Doctor's Choice Teeth  
Sonic Cleaner for patient

Try-In

Finish

**Tooth Choice (for Flipper/Nesbit or Select only)**

Ivoclar PE  Bioform IPN  
 Blue Line  Other (specify) \_\_\_\_\_

Portrait IPN \_\_\_\_\_

Ball Clasp

Tooth Shade: \_\_\_\_\_

Mould: \_\_\_\_\_

**Acrylic Shade:**

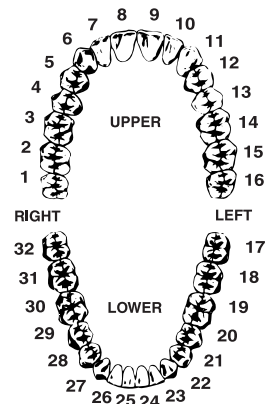
Pink  Upper  
 Ethnic  Lower

**Instructions:**

Dr. Signature: \_\_\_\_\_

License #: \_\_\_\_\_

Terms are net 10 days from statement date



**Keller Laboratories, Inc. - Midwest**

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