

<b>PAN</b>	
<b>RCV:</b>	

# Guards RX



**ORTHO PRIME**  
DENTAL LAB

10801 Hammerly Blvd #106 Houston, TX 77043 (713)-461-8491

Need More:
<input type="checkbox"/> Ortho RX
<input type="checkbox"/> Pedo RX
<input type="checkbox"/> Guards RX
<input type="checkbox"/> UPS labels

\*also available on  
[orthoprime.net](http://orthoprime.net)

Date: \_\_\_\_\_

Dr.: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

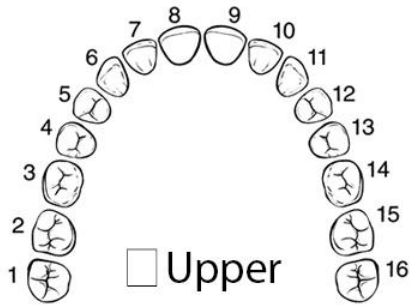
Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

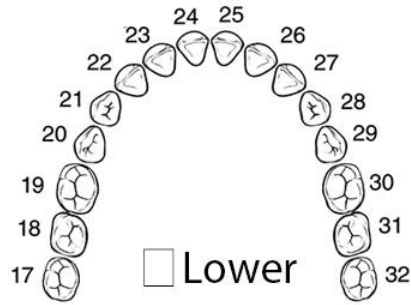
Patient Name: \_\_\_\_\_

Appointment: \_\_\_\_\_

Due Date: \_\_\_\_\_  Appt. made when case arrives



Upper



Lower

3D Guard

- Flat Plane
- Ant. Guidance

3D 3x3

Hard/Soft

- Flat Plane
- Ant. Guidance
- No Name

Hard

- Flat Plane
- Ant Guidance
- Ball Clasps
- Gold Braid
- No Name

ThermoGuard

- Flat Plane
- Ant. Guidance
- No Name

HWPA

Other/Instructions on back

Signature: \_\_\_\_\_ License No: \_\_\_\_\_