



SCAN QR FOR SHIPPING INSTRUCTION

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iTero# **305670**

CLINIC _____ DOCTOR _____

ADDRESS _____

PATIENT'S NAME _____ please print

AGE _____ GENDER male female

- CLENCHING
- GRINDING

DATE SENT _____ DATE WANTED _____

PLEASE PHONE ME CONCERNING THIS CASE

PLEASE SEND SUPPLIES

PRESCRIPTION PADS PLASTIC BAGS



PLEASE FABRICATE UPPER LOWER

SPLINTS AND GUARDS

- 3D THERMOFLEX NG
- 3D HARD ACRYLIC NG
- DUALFORM (VACUUM-FORMING)
- PROFORM SOFT (VACUUM-FORMING)
- SPORTS GUARD
- ESSIX RETAINER 0.75MM, 1.0MM, 1.5MM
- BLEACHING TRAY (VACUUM-FORMING)

FIXED APPLIANCE

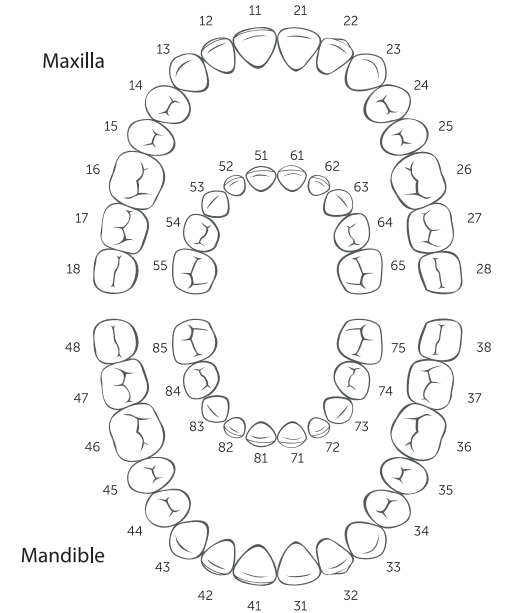
- SPACE MAINTAINER
- BAND & LOOP
- CROWN & LOOP
- LINGUAL ARCH
- NANCE PALATAL ARCH
- TRANS PALATAL ARCH

DESIGN

- HORSESHOE PALATE (STANDARD)
- FULL PALATAL COVERAGE
- NO LABIAL ACRYLIC (OPEN WINDOW ON ANTERIOR)
- NO BUCCAL ACRYLIC (OPEN WINDOW ON POSTERIOR)

OCCCLUSION

- SMOOTH OCCLUSAL SURFACE
- LIGHT OCCLUSAL CONTACTS
- HEAVY OCCLUSAL CONTACTS
- ANATOMICAL OCCLUSION
- CUSPID RISE



SPECIAL INSTRUCTION _____

Doctor's Signature _____