PRESCRIPTION FORM

THREE D SMILES

5325 E Pima St
Tucson AZ 85712
(520)351-0331
Orders@ThreeDsmiles.com

Doctor / Practice information:

Doctor: Practice:

Address: City: State: Zip Code:

Telephone: ( ) Email:

Appliance needed:

☐ Upper and Lower ☐ Upper ☐ Lower

- ☐ Twilite Device
- ☐ Model only
- ☐ Model and retainer
- ☐ Extra retainer
- ☐ Digital scan and storage
- ☐ Bleach tray
- ☐ Sports gaurd
- ☐ Night gaurd
- ☐ Bite splint

Patient information:

First Name:

Last Name:

Please send:

☐ Rx forms ☐ Intro kit

☐ Price list

☐ Demo model

Rx

☐ Twilite
☐ Night guard
☐ Bite splint

☐ Upper and Lower
☐ Upper
☐ Lower

Midline Relationship

In mm

Max

R 6 5 4 3 2 1 | 1 2 3 4 5 6 L

R 6 5 4 3 2 1 | 1 2 3 4 5 6 L

Mand

Protrusion - 1 2 3 4 5 6 7 8mm

Vertical rise - 1 2 3 4 5 6 7 8mm

Needed by ____ /____ /_____

Notes:

Personal signature of doctor State dental license number Date