



Design & Smile

Tel: 01254 702505 | Mobile: 07800935267
Email: dsdebbiebogte@hotmail.co.uk

Mouthguards

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Heavy duty | |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Blue | <input type="checkbox"/> Turquoise |
| <input type="checkbox"/> Black | <input type="checkbox"/> Lilac | <input type="checkbox"/> White |
| <input type="checkbox"/> Dark blue | <input type="checkbox"/> Sky blue | <input type="checkbox"/> Yellow |
| <input type="checkbox"/> Maroon | <input type="checkbox"/> Green | <input type="checkbox"/> Yellow (Fluorescent) |
| <input type="checkbox"/> Silver | <input type="checkbox"/> Pink | <input type="checkbox"/> Orange (Fluorescent) |
| <input type="checkbox"/> Gold | <input type="checkbox"/> Red | <input type="checkbox"/> Green (Fluorescent) |

Orthodontic Prescription

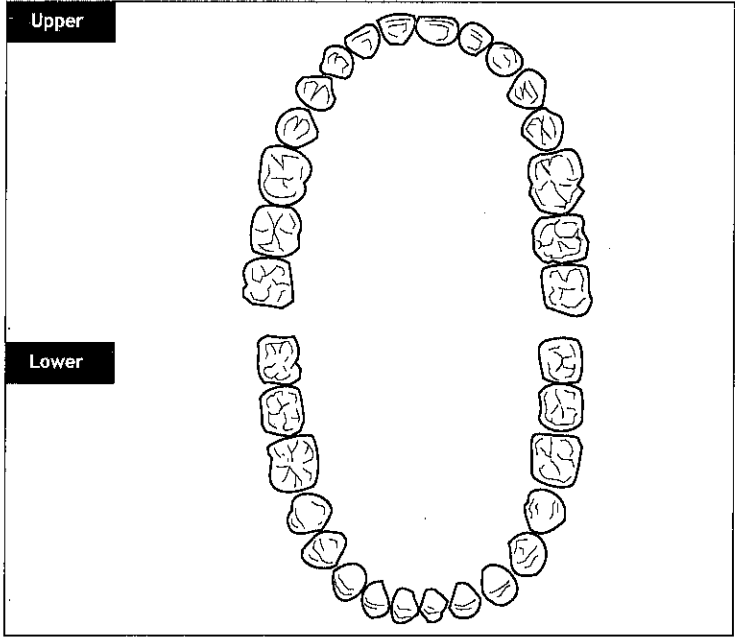
Surgeon _____
 Practice _____
 Telephone _____
 Patient _____
 Age _____
 Delivery Date _____

Items required

- | | |
|--|--|
| <input type="checkbox"/> Bags | <input type="checkbox"/> Boxes |
| <input type="checkbox"/> Pre-paid labels | <input type="checkbox"/> Prescription pads |

For office use only

Account No. _____
 Job No. _____
 Technician _____



Special instructions

Large empty rectangular area for special instructions.

