

CLEAR SOLUTIONS PRESCRIPTION SHEET

Dr: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Dr. Email: _____

Pt. Name: _____ Date Wanted: _____

Upper Lower Please Call Dr. to Discuss Case

_____ **Clear Hold Retainer** – Invisible/Essix Retainer to hold the teeth in their current position

_____ **Clear Hold Package** – 2 Upper & 2 Lower Clear Hold Retainers & Set of 3D printed models

_____ **Clear Express** – 1-5 Clear Tray System to align the upper or lower 4 anterior teeth
 Includes IPR and Movement Guide

_____ **Clear Force** – Full Arch Movement up to 20 Trays

Alignment Needed:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
_____								_____							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

_____ **Special Instructions:**

Signature: _____ License #: _____

**TO SEND IN
 A CASE:**

1. Fill out the Rx
2. Cut out this label
3. Tape the label to a box
4. Give the box to the postman or drop in a mail box
5. No stamps needed

FROM

BUSINESS REPLY LABEL
 FIRST CLASS PERMIT NO. 3735 ST. LOUIS, MO.

POSTAGE WILL BE PAID BY ADDRESSEE



OHLENDORF
 APPLIANCE LABORATORY

**P.O. Box 4358
 St. Louis, MO 63123**

**NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES**

