

Office name: _____ Phone number: (_____) _____

Address: _____

Doctor name: _____

Patient name: _____ Due date: _____

OCCLUSAL GUARDS:

___ **Occlusal Guard** - Choose the arch, thickness, material (and color):

1- Arch: ___ Upper ___ Lower

2- Thickness: ___ 2mm ___ 3mm ___ 4 mm

3- Material: ___ Soft ___ Hard/Soft ___ Hard

4- Color: (2 & 3mm H/S only): ___ Clear ___ Blue ___ Pink ___ Green

OTHER APPLIANCES:

___ **Retainers**___ **Teeth whitening trays**___ **Fluoride trays**

Arch(es): ___ Upper ___ Lower

Case Notes: _____

Please ship to:

Sirius Dental, 2535 S. Lindbergh Blvd., St. Louis, MO63131