

SPACE MAINTAINERS
LABORATORIES CANADA

Toll free 1-800-663-1721
Vancouver (604) 737-2010
Fax (604) 737-2060

936 West 8th Ave., Vancouver, B.C. V5Z 1E5

SV 037001

DOCTOR'S NAME _____ **ACCT#** _____

CITY _____ PROV. _____

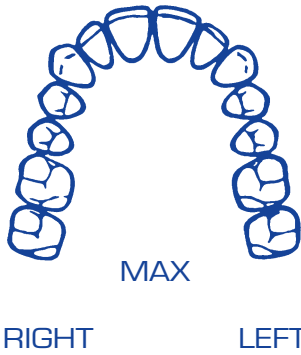
TELEPHONE () _____ TODAY'S DATE _____

PATIENT'S FULL NAME (Important - Please Print Clearly)

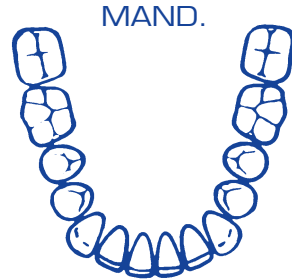
PLEASE CHECK SHOULD YOU WISH TO HAVE THE FOLLOWING

DUPLICATE MODELS **ORTHO STUDY MODELS** **Date of Birth**
WORKING MODELS TRIM ONLY SOAPED

DATE REQUIRED:



- | MAX. | MAND. | APPLIANCE TYPE |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | SPLINT <input type="checkbox"/> GELB. |
| <input type="checkbox"/> | <input type="checkbox"/> | CLEAR-FLEX SPLINT [®] |
| <input type="checkbox"/> | <input type="checkbox"/> | DUAL-FLEX SPLINT |
| <input type="checkbox"/> | <input type="checkbox"/> | PRO-FORM™ NITE GUARD |
| <input type="checkbox"/> | <input type="checkbox"/> | SCHWARZ |
| <input type="checkbox"/> | <input type="checkbox"/> | SAGITTAL |
| <input type="checkbox"/> | <input type="checkbox"/> | BLEACHING TRAYS |
| RETAINERS | | |
| <input type="checkbox"/> | <input type="checkbox"/> | STANDARD |
| <input type="checkbox"/> | <input type="checkbox"/> | WRAP AROUND |
| <input type="checkbox"/> | <input type="checkbox"/> | FLAT LABIAL |
| <input type="checkbox"/> | <input type="checkbox"/> | SAN ANTONIO |
| <input type="checkbox"/> | <input type="checkbox"/> | SPORTS FLEX MOUTHGUARD |
| <input type="checkbox"/> | <input type="checkbox"/> | MULTI <input type="checkbox"/> REG |
| <input type="checkbox"/> | <input type="checkbox"/> | SUPER <input type="checkbox"/> MARTIAL ARTS |



FUNCTIONAL APPLIANCES

- BIONATOR OPEN CLOSE
 ORTHOPEDIC CORRECTOR OPEN CLOSE
 FRANKEL NO. _____
 CLARK TWIN BLOCK TYPE MAX. MAND.

FIXED APPLIANCES MAX. MAND.

- BONDED HAAS
 BONDED HYRAX
 BANDED HYRAX

SV 037001

R _____

PLEASE CHECK SHOULD YOU WISH TO HAVE THE FOLLOWING

Insurance Program Passport to a Healthy Smile

DESIGNATION

DESIGNATION
 Part 1 - LAB
 Part 2 - LAB
 Part 3 - DOCTOR