



Contact Me Regarding Case Address Change
 Special Instructions on File New Account

We Need Additional:
 RX Forms
 Mailing Labels/Supplies

DOCTOR _____ PRACTICE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PATIENT NAME _____

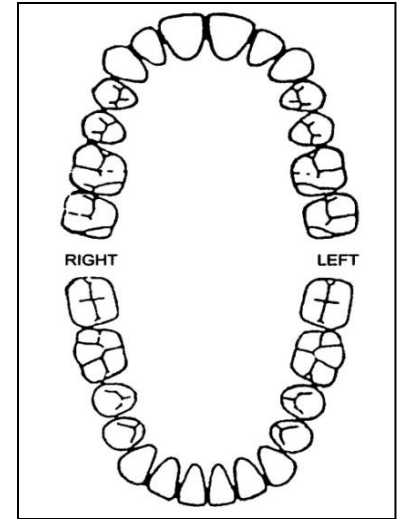
DATE SHIPPED _____ DATE NEEDED _____

APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

Bracket Information

COSL Provided Brackets
 Upper Lower
 Metal Ceramic Metal Ceramic
 Brackets Enclosed with Case

Tray Information Upper Full Arch Midline Split Three Piece
 Lower Full Arch Midline Split Three Piece



BRACKET HEIGHT PRESCRIPTION

Standard Height	3.0 mm	4.0 mm	4.5 mm	5.0 mm	4.5 mm	5.0 mm	5.0 mm	4.5 mm	5.0 mm	4.5 mm	4.0 mm	3.0 mm	Standard Height
Standard Height	3.0 mm	3.5 mm	4.0 mm	4.5 mm	4.0 mm	4.0 mm	4.0 mm	4.0 mm	4.5 mm	4.0 mm	3.5 mm	3.0 mm	Standard Height
Custom Height													Custom Height
Custom Height													Custom Height

Please indicate on the diagram above:

1. Mark an "X" on missing teeth, to be extracted, or teeth not to be bonded.
2. Indicate with arrows over-corrections.

SPECIAL INSTRUCTIONS

Doctor Signature

License Number

Expires

7555 Morgan Road, Liverpool, New York 13090
Phone (315)882-0422 Fax (315)457-0656
www.cosmeticortholab.com

Please return white copy with case, and retain yellow copy for your records.