



FREEDOM ORTHO

We help navigate smiles

FL DL# 11102
4375 E Arlington St #3, Inverness, FL 34453
850.230.6696 • www.FreedomOrthoLab.com

Doctor: _____ Date: _____

Patient: _____

Practice: _____

Contact Email: _____

DATE NEEDED: _____ Contact Phone: _____

**IMPORTANT - Rush cases must be cleared with the lab before scheduling.
PLEASE ALLOW 7 IN-LAB PROCESSING DAYS.**

Lab Use Only

INBOUND SHIP	DATE RECD	POUR	FAB CODE
BOX#	MATERIAL	LOT#	SHIP DATE

Instructions:

Splints/Guards

Maxillary Mandibular

- Acrylic
- Proform Hard
- Proform Hard/Soft
- Anterior Splint (3-3)
- Digitally Designed and Processed
- Virtual Design Only
- Other: **Design**
- Flat Plane
- Semi Articulated
- Horseshoe Palate
- Anterior Ramp
- Canine Guidance
- Color: _____
- Logo: _____
- Glitter: _____

Other

- Bleaching Trays
- Custom Impression Trays
- Sports Guard
 - Color: _____

Flipper Shade: _____ Clasps: _____

Photos are very helpful!

Must have the following to process splint orders:

upper model or scan
lower model or scan
bite reg or scan in CO or CR preference

IMPORTANT! FL LAW REQUIRES DOCTOR SIGNATURE ON EVERY PRESCRIPTION!

Missing signature will delay your case.

PLEASE SEND ADDITIONAL

Shipping Boxes Rx Forms Prepaid Labels

Doctor Signature: _____

License#: _____

Expires: _____