

Please fill in  
ALL NON SHADED AREAS



Invoice No:

Date Required	
Time	

PL	W	PR	F

Disinfected

By Client	<input type="text"/>	By Lab	<input type="text"/>
-----------	----------------------	--------	----------------------

Dentist Name	
--------------	--



Patient Name	
--------------	--

Client To Sign .....
----------------------

Initial Contract Review
-------------------------

Sign
------

Date
------

Wax Bites Supplied
--------------------

Waifer
--------

Functional
------------

Imps Sent
-----------

Upper
-------

Lower
-------

Delivery Address	
------------------	--

Essix	<input type="checkbox"/>	<input type="checkbox"/>
Digital SMODS	<input type="checkbox"/>	<input type="checkbox"/>
Plaster SMODS	<input type="checkbox"/>	<input type="checkbox"/>

U	L
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

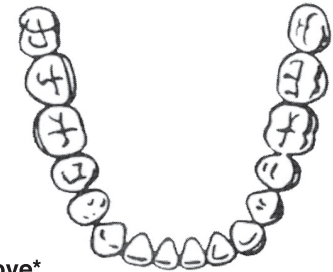
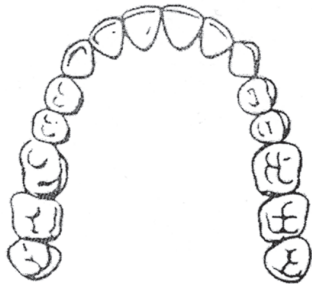
Content
<input type="text"/>
YES <input type="checkbox"/> NO <input type="checkbox"/> Par Scored

Total Price	£	.	p
Final Contract Review	Sign	Date	
	<input type="text"/>	<input type="text"/>	

UPPER

DESIGN / COMMENTS

LOWER



\*We can supply ANY Orthodontic appliance – please fill in above\*

Visit us on:



Follow us on:



Ashford Orthodontics Ltd, 14B Southwick Industrial Estate, Riverside Road, Sunderland, SR5 3JG

Tel: 0191 565 2788

E-mail: [info@ashfordorthodontics.co.uk](mailto:info@ashfordorthodontics.co.uk) Web: [www.ashfordorthodontics.co.uk](http://www.ashfordorthodontics.co.uk)

Company Registered in England, Company No 05615379. Reg Office 115 Chester Road, Sunderland, SR4 7HG

By sending this prescription you are agreeing to our terms and conditions.

\* This prescription **MUST** be signed by the suitably qualified prescriber named as 'client'.



British Dental Technology  
Clinically Compliant | Professionally Produced