

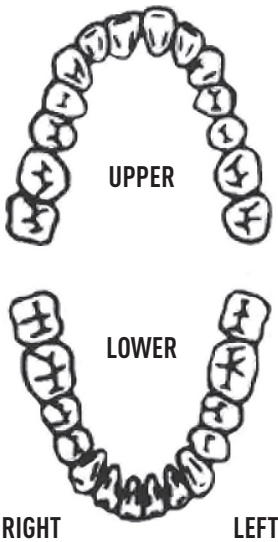


Doctor: \_\_\_\_\_ Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



**AUTHORIZED COMFORT H/S BITE SPLINT RX**

Upper     Lower

Erkoloc-Pro (Hard/Soft). . . . . \$59

5mm     4mm     3mm     2mm

Clear     Blue     Green     Pink

Erkoloc-Pro, Daytime Wear . . . . . \$42

1.3mm     1mm

Erkodur (Hard). . . . . \$49

5mm     4mm     3mm     2mm

Scan and save the impressions/models for the **Hassle Free Replacement Program**. If the appliance is lost or wears out, call and we will print a new set of models and have it to you within one week and it will fit the exact same as the first. Please see our website or call for more information on the program.

Patient: \_\_\_\_\_

Lic. No.: \_\_\_\_\_ Signature: \_\_\_\_\_