

STOLLER DENTAL LABORATORY, Inc.

7224 Engle Rd., Fort Wayne, IN 46804

Toll Free (800) 824-3086

INVOICE #

M- 30439

Dr. _____ Date / / _____

Address _____ City _____ State _____ Zip _____

Patient's Name or Case No. _____

Date Needed / / _____ Time Needed _____ AM. P.M. Male Female Age _____

ORTHODONTIC DEPARTMENT

REMOVABLE

- BIONATER
- HAWLEY
- SCHWARTZ
- HARD NIGHT GUARD
- SOFT MOUTH GUARD
- VAC.-FORM RET.
- SAGITTAL
- JACKSON
- TWIN BLOCK
- NTI
- B-SPLINT
- GELB
- BLEACHING TRAY
- SNORING APPL.
- HABIT APPL.

FIXED

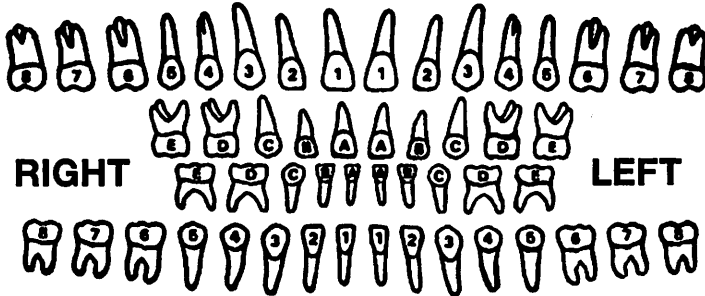
- SPACE MAINTAINER
- LINGUAL ARCH
- NANCE
- DISTAL SHOE
- RPE
- HABIT APPL.
- BONDED RET.
- MOLAR BANDS

ACRYLIC COLOR OPTIONS

TRANSPARENT

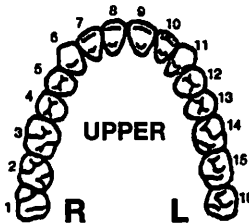
- CLEAR
- PINK
- RED
- ORANGE
- AMBER
- YELLOW
- GREEN
- BLUE
- TEAL
- PURPLE
- OPAQUE**
- NEON GLOW
- NEON PINK
- NEON RED

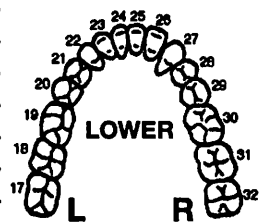
- NEON ORANGE
- NEON YELLOW
- NEON GREEN
- NEON BLUE
- NEON TEAL
- NEON PURPLE
- BLACK
- WHITE
- GLITTER**
- STARDUST
- SILVER
- GOLD
- RED
- BLUE
- MULTI



ILLUSTRATE ADDITIONS

CASE DISINFECTED YES NO





Signature _____

License No. _____

D.D.S.

WHITE—LAB COPY

YELLOW—DR. COPY