TRU-LINE™
INVISIBLE ORTHODONTIC SYSTEM

Suite 1 First Floor 117 Anzac Parade
Kensington NSW 2033 Tel 9313 7971

APPLIANCE Rx

DOCTORS NAME (use block letters please)

DATE SENT

PATIENT NAME

DATE REQUIRED

APPLIANCE TYPE
(Please Circle)

TRU-LINE Aligners™

Upper

Lower

TRU-LINE Retainers™

Upper

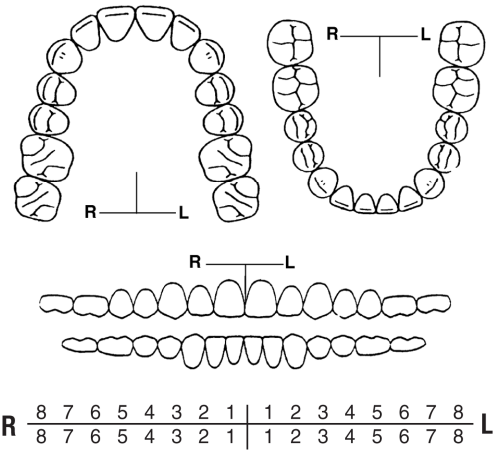
Lower

TRULINE Expander™

Upper

Lower

MARK TEETH TO RESET
Use arrows to mark direction.



R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Movement : Use + Advance - Retract in mm

SPECIAL INSTRUCTIONS _____

_____

_____

_____

_____

DOCTOR'S SIGNATURE

OFFICE USE ONLY

DATE SHIPPED	APPLIANCE	OFFICE NOTES