

**Bill To:**

NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

**Ship To:**     Same as Bill To

NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

**Band Form 1:**

Plain Bands     1st Molar     Etched

Prewelded Bands     2nd Molar

Upper Buccal Tube: \_\_\_\_\_

Upper Lingual Attach: \_\_\_\_\_

Lower Buccal Tube: \_\_\_\_\_

Lower Lingual Attach: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Other Items:**



Qty	Item #	Description

**Shipping Options:**

 UPS Ground Service     Other \_\_\_\_\_

**Payment Options:**

Bill Me Net 30 Days (Overdue Fees May Apply)

Credit Card Payment     

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Sign. \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

**Band Form 2:**

Maxum	TITAN	Upper		Lower	
		Right	Left	Right	Left
1	29.5				
2	30				
3	30.5				
4	31				
5	31.5				
6	32				
7	32.5				
8	33				
9	33.5				
10	34				
11	34.5				
12	35				
13	35.5				
14	36				
15	36.5				
16	37				
17	37.5				
18	38				
19	38.5				
20	39				
21	39.5				
22	40				
23	40.5				
24	41				
25	41.5				
26	42				
27	42.5				
28	43				
29	43.5				
30	44				
31					
32					
33					
34					
35					
36					