

# CLEAR SOLUTIONS PRESCRIPTION SHEET

Dr: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Dr. Email: \_\_\_\_\_

Pt. Name: \_\_\_\_\_ Date Wanted: \_\_\_\_\_

 Upper       Lower       Please Call Dr. to Discuss Case

 \_\_\_\_\_ **Clear Hold Retainer** – Invisible/Essix Retainer to hold the teeth in their current position

 \_\_\_\_\_ **Clear Hold Package** – 2 Upper & 2 Lower Clear Hold Retainers & Set of 3D printed models

 \_\_\_\_\_ **Clear Express** – 1-5 Clear Tray System to align the upper or lower 4 anterior teeth  
 Includes IPR and Movement Guide

 \_\_\_\_\_ **Clear Force** – Full Arch Movement up to 20 Trays

Alignment Needed:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
_____								_____							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

**TO SEND IN  
A CASE:**

1. Fill out the Rx
2. Cut out this label
3. Tape the label to a box
4. Give the box to the postman or drop in a mail box
5. No stamps needed

**FROM**
**BUSINESS REPLY LABEL**

FIRST CLASS PERMIT NO. 3735 ST. LOUIS, MO.

POSTAGE WILL BE PAID BY ADDRESSEE


**OHLENDORF**  
 APPLIANCE LABORATORY

**2840 Clark Ave.**
**P.O. Box 7212**
**St. Louis, MO 63177-9979**
**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**
