



Instructions for completing a Digital Services Rx:

Digital Services Rx

CONTACT ME REGARDING CASE
 SPECIAL INSTRUCTIONS ON FILE

ADDRESS CHANGE
 NEW ACCOUNT

SEND ADDITIONAL
 RX FORMS
 MAILING LABELS/SUPPLIES

OFFICE USE: 1 2 3 4 + PD: SA DR
 MODELS: U L BOTH BANDS CROWNS BROKEN
 IMPRESSIONS: U L BOTH
 DISINFECT: _____ QA IN: _____ FINAL INSP: _____

DOCTOR _____ ACCT# _____ ★

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ DATE NEEDED REQUIRED

DIGITAL FILE NAMES

File 1 _____ .stl

File 2 _____ .stl

File 3 _____ .stl

File 4 _____ .stl

File 5 _____ .stl

Note additional filenames in Special Instructions below.

APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

PRINTED MODEL SERVICE

Send us an electronic file (.stl) and we will provide printed models 2

Horseshoe Base

Upper Qty _____

Lower Qty _____

Low Profile Base

Upper Qty _____

Lower Qty _____

Full Profile Base

Upper Qty _____

Lower Qty _____

DIGITAL STUDY MODELS

Sent electronically as an .stl file or a 3D PDF. 1

Sending in stone models or impressions and would like to receive a Full Finish Based:

3D PDF

STL Files

Upper Qty _____

Lower Qty _____

Sending in STL Files and would like to receive a 3D PDF file with Full Finish Base

Upper Qty _____

Lower Qty _____

Digital Scan Taken with:
 iTero Carestream
 3Shape Sirona
 3M

DR. SIGNATURE: /s/ REQUIRED ★ LICENSE NUMBER: REQUIRED EXPIRES: mm/vy

P.O. BOX 100005, CUMMING, GA 30028-9919 (FOR USE ONLY WITH SPECIALTY APPLIANCES PREPAID BUSINESS REPLY LABELS)
 4905 HAMMOND INDUSTRIAL DRIVE, CUMMING, GA 30041 (FOR ALL CASES SHIPPED DIRECTLY TO STREET ADDRESS)
 (800) 522-4636 • IN GEORGIA (678) 513-4408 • FAX (678) 513-7345 • SPECIALTYAPPLIANCES.COM

01

Digital Study Models: Please be sure to include the email address that you'd like the digital files sent to when requesting digital study models.

02

Printed Models: Unless otherwise specified on the prescription sheet, we will engrave the patient and doctor name on the bottom of your models. If additional information is desired, please specify that information in the notes at the bottom of the Rx.



Please fill out the general information section completely to ensure that your order will be processed correctly and efficiently.

Also, the doctor's signature, license number, and license number expiration date are required on all prescription sheets! If sending a digital Rx, this section can be completed electronically!