

TORTORICI ORTHODONTIC LABORATORY, INC.

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COLOR

CODE

PRESCRIPTION

(PLEASE PRINT)

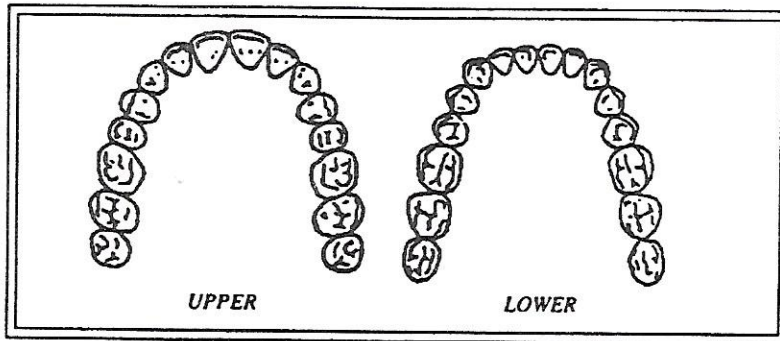
DOCTOR _____ DATE _____

ADDRESS _____ OFFICE _____
(BILL TO) (SHIP TO)

CITY _____ STATE _____ ZIP _____

PATIENTS NAME _____
(PLEASE PRINT)

DEVICE _____ DATE NEEDED _____



Special Instructions

Dr. Signature _____ License # _____