CREATIVE DESIGNS
ORTHODONTIC STUDIO

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416.848.6662

info@cdorthostudio.com
www.cdorthostudio.com

Submit
Save As
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Dr. _____ Tel: _____

Address: _____

_____

Patient Name: _____

Date Sent: _____

Date Due: _____ Retainer Case Needed ☐

℞

Sent By: Itero ☐ 3shape ☐ Impression ☐ Email ☐

Type of Trays Sent: Metal Trays ☐ Plastic Trays ☐

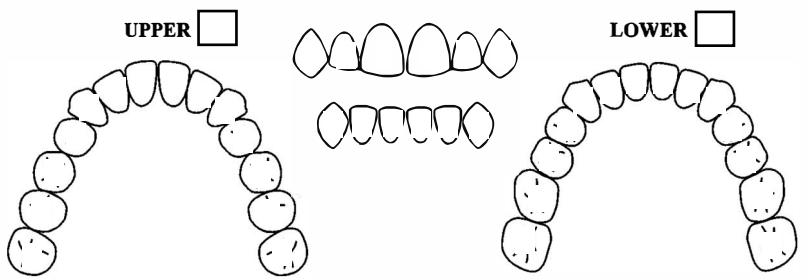
Notes: _____

_____

_____

_____

Colour: _____ Sticker: _____



(PLEASE SKETCH SPECIAL APPLIANCES)

Doctor's Signature: _____