



Six Month Smiles
200 Airpark Dr. Ste. 30
Rochester, NY 14624
1-866-957-7645
www.6MonthSmiles.com

Shipping Information (required)

Dr. Name: _____ Date: _____
Street Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Country: _____ Phone: _____
Email: _____
Patient Name: _____
Patient Appointment (Date & Time): _____

Payment Information (required)

Credit Card #: _____ Expiration: _____ CVV Code: _____
Billing Street Address: _____ Zip/Postal Code: _____

(Card will be kept on file after first case. Card info only needed if there is a change)

Special Requests for Case: (changes to bracket positions, eyelets, buttons, overcorrections, teeth that should not be bracketed etc.) Brackets will be centered on current crowns unless otherwise directed.

Worn Teeth and amount of wear per tooth: (include how many mm of wear exist) Please list all anterior teeth that are worn more than .5mm and that you would like the specialist to take into account when positioning the brackets. Brackets will be placed in current center of tooth unless wear is marked.

Please select the Patient Tray Kit that you are ordering (Required):

- Full Patient Tray Kit (includes all brackets, bonding trays, wires and other materials)
- Single Arch Patient Tray Kit Upper/Lower (circle one)
- No Brackets Patient Tray Kit (same as full kit but you supply all brackets)
- No Brackets Patient Tray Kit-Single Arch Upper/Lower (circle one)
- No Diamond Disc in kit (less \$15.00)
- Bonded Retainer Upper/Lower/Both (circle one) (to be requested after treatment)

To place an order for GMS Supplies please visit <http://supplies.6monthsmiles.com> or call 866-957-7645

Dr. Signature (Required): _____ **License # (Required):** _____

Unless directed otherwise, brackets will be placed from 1st molar to 1st molar. Eyelet Brackets, Buttons & 2nd Molar Tubes can all be provided and placed in trays upon your request at \$7.00 per item. Any brackets not used due to missing teeth will be returned to you. Please ensure that models/impressions are adequately made & shipped safely. Write the patients last name on the base of the models if sending models. Average "IN LAB" time is 8 business days. This does not include shipping to or from the lab. Please take this into account when scheduling your patients. All cases are shipped via FedEx. Expedited shipping is available upon request.

Contact Us: LabInfo@6MonthSmiles.com or 1-866-957-7645 (option 3)

Additional Lab Scripts and Shipping Labels can be found at www.6monthsmiles.com/case_submission.aspx