

Providers Name

Shipping Address:

City

ST / Province

Country

Zip / Postal Code

Please send the Rx Form to rx@vivoslife.com. Please send a copy of the Rx Form with the stone/digital models to the lab.

Pricing Details

- | | | | |
|---|---------------|--|---------------|
| ☐ Single Arch DNA Y Split | \$ 395 | ☐ 3D Study Model Scanning | \$ 30 |
| ☐ Single Arch DNA Acrylic | \$ 395 | ☐ Print 3D model p/ Arch | \$ 15 |
| ☐ Single Arch DNA Wireframe | \$ 395 | ☐ Production Rush Fee | \$ 95 |
| ☐ mRNA | \$ 695 | ☐ Standard Shipping (shipment to provider) | \$ 0 |
| ☐ Add 1 tooth, per tooth | \$ 25 | ☐ 2 Day Shipping | \$ 15 |
| ☐ Color (charged per color) | \$ 5 | ☐ Oral Facemask | \$ 150 |
| ☐ Oral Elastic Hooks/ Hook | \$ 10 | ☐ Decal in Acrylic | \$ 5 |
| ☐ Stone Model Pour | \$ 10 | ☐ Oral Facemask Hooks | \$ 10 |

**STONE/DIGITAL MODELS ARE
TO BE SENT TO DIRECTLY TO
THE LAB USING THEIR SPECIFIC
PROTOCOLS**

SML-Space Maintainers Laboratory

9129 Lurline Avenue
Chatsworth, CA 91311
Phone: 800-423-3270 | Fax: 818-341-4684

Credit Card Information ☐ Credit Card Already On File

Card Type

- ☐ MasterCard
 ☐ Visa
☐ AMEX
 ☐ Discover
☐ Other

Cardholder Name (As Shown On Card)

Card Number

Expiration Date

CVV Number

Billing Address (If Different From Above)

City

City

ST / Province

Country

Zip / Postal Code

Credit Card will be charged and saved on file when appliance has been shipped. I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Patients First Name

Patients Last Name

Preferred Lab
☐ Space Maintainers Labs



Vivos Case Number

Patient Age

☐ Male
☐ Female

Date Sent to Lab

Ship Date

Due Date

Doctor Contact Phone Number

Please attach the Vivos Diagnostic report with this form.

☐ LAB contact the doctor prior to manufacturing for additional consultation on this case.

FORM 74-2 SML

THE VIVOS SYSTEM
LAB WORK ORDER

Treatment Type: ☐ Initial ☐ Mid ☐ Repair

Construct Upper ☐ DNA ☐ mRNA

Base: ☐ Acrylic ☐ Wireframe ☐ Hybrid

Clasps: ☐ Adams on #s ☐ Ball on #s ☐ 'C' on #s ☐ Arrow on #s

Stops: ☐ Mesial to #s ☐ Distal to #s ☐ Occlusal of #s

Screw: ☐ Transverse ☐ Y Split (3 Way) ☐ Cruciform or Pattern (Please Diagram)

Elastic Hooks: ☐ Class II ☐ Vertical (Please Diagram)

Bow: ☐ Standard ☐ Circumferential (Wrap) ☐ Custom (Please Diagram)

Occlusal Acrylic Coverage to #s

Eruption friendly on #s

☐ OSA Extension mm

3D Axial Springs on #s

'C' Loops on #s

☐ Optional Accessories ☐ Headgear

Construct Lower ☐ DNA ☐ mRNA

Base: ☐ Acrylic ☐ Wireframe ☐ Hybrid

Clasps: ☐ Adams on #s ☐ Ball on #s ☐ 'C' on #s ☐ Arrow on #s

Stops: ☐ Mesial to #s ☐ Distal to #s ☐ Occlusal of #s

Screw: ☐ Transverse ☐ Y Split (3 Way)

Elastic Hooks: ☐ Class II ☐ Vertical (Please Diagram)

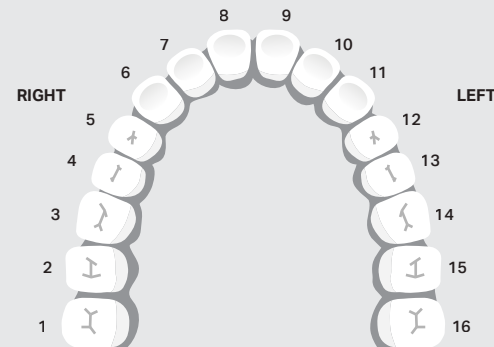
Bow: ☐ Standard ☐ Circumferential (Wrap) ☐ Custom (Please Diagram)

Occlusal Acrylic Coverage to #s

Eruption friendly on #s

3D Axial Springs on #s

'C' Loops on #s

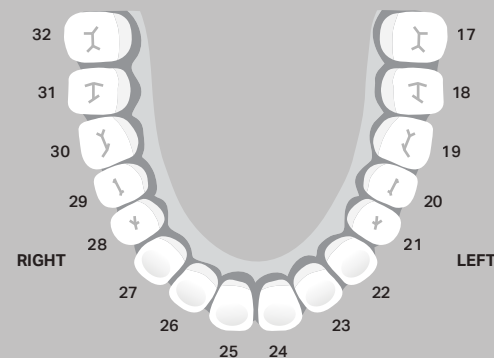


• Please X Out Extractions or missing teeth

• Arrows to indicate movement

B = Bridge I = Implant C = Crown V = Veneer

Notes:



• Please X Out Extractions or missing teeth

• Arrows to indicate movement

B = Bridge I = Implant C = Crown V = Veneer

Notes:

LAB USE ONLY

Checked for Accuracy (Bubble Free | No Distortion)

☐ Yes

Enclosed Opposing Model Bite Registration

☐ Yes

☐ Yes

Notes

Prescriber Name

Prescriber License No.

Prescriber Signature