SML®
SPACE MAINTAINERS LABORATORIES

RETURN PRESCRIPTION TO:
9129 Lurline Ave.
Chatsworth, CA 91311
Phone: 800-423-3270
Fax: 818-341-4684
www.SMLglobal.com

MADE IN U. S. A.

QCB
Quick Cosmetic Braces
Short-Term Orthodontic System

LINGUAL INDIRECT BONDING

PLEASE SEND:
- ☐ MAILING MATERIALS
- ☐ PRODUCTS & SUPPLIES
- ☐ DIAGNOSTIC SERVICES
- ☐ C.E. COURSES

ADDITIONAL SERVICES*
- ☐ RETURN DUPLICATE SET OF MODELS

GO GREEN!
PLEASE SCAN OR MAKE A COPY OF THIS PRESCRIPTION FORM FOR YOUR RECORDS

DIGITAL SCANS
www.SMLglobal.com/digital
Terms and conditions on reverse

ACCOUNT #

DOCTOR NAME

OFFICE ADDRESS

CITY | STATE | ZIP CODE

PATIENT'S FIRST NAME | AGE | OFFICE EMAIL ADDRESS

PATIENT'S LAST NAME | DATE OF BIRTH | OFFICE PHONE NUMBER

DUE DATE – MUST BE A MINIMUM OF ONE DAY PRIOR TO YOUR PATIENT'S APPOINTMENT

_____

- ☐ EMERGENCY SERVICE (ADDITIONAL FEES APPLY)
- ☐ PATIENT WILL BE APPOINTED AFTER APPLIANCE ARRIVES

REPAIR OR REMAKE?
Use the SML Return Form found at www.SMLglobal.com/RETURN

LAB USE ONLY!

☐ S.I.

CASE INFORMATION

LINGUAL: ☐ Upper ☐ Lower

TRAY SECTIONS: ☐ 1 Piece ☐ Midline Split ☐ 3 Pieces / Arch

☐ **LINGUAL ARCHWIRES REQUESTED***

BRACKET PLACEMENT INFORMATION - ALL CASES

Please use chart to indicate changes from standard values

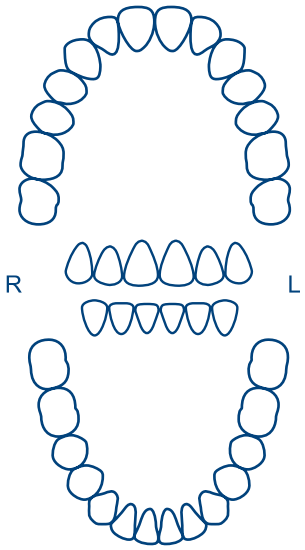
	STANDARD VALUES			CHANGES		
	TQ	ANG	HT	TQ	ANG	HT
1 | 1	14	5	X			
2 | 2	7	8	X-.5mm			
3 | 3	-2	10	X+.5mm			
54 | 45	-7	0	X			
76 | 67	-10	0	X			
21 | 12	0	0	X			
3 | 3	-7	6	X+.5mm			
4 | 4	-12	0	X			
5 | 5	-16	0	X			
6 | 6	-22	0	X			
7 | 7	-27	0	X			

DIAGNOSTIC SERVICES

- ☐ Digital Study Models
- ☐ Digital Study Models with IPR Analysis
- ☐ QCB Cephalometric Analysis

PLEASE INDICATE ON DIAGRAM BELOW

1. Circle teeth to be banded
2. Mark an "X" on teeth missing, to be extracted, or those not to be bonded
3. Indicate with arrows over-rotations desired



NOTES:

☐ **ADDITIONAL INSTRUCTIONS ON REVERSE**

SIGNATURE *NOTE: By signing here you are agreeing to our terms and conditions (see reverse).

LICENSE NUMBER

****APPLIANCE SPECIFIC RX FORMS Visit www.SMLglobal.com/RX**

Texas license #1866 exp 12.31.20 renewed yearly. South Carolina certi icate #480 exp 3.1.21 renewed every two years. Kentucky certi icate #219 exp 7.31.20 renewed yearly.

REV.H.DEC.2019

QUICK COSMETIC BRACES

☐ Individual Patient Kit

Brackets: Composite Brackets (1 set) - Upper and Lower
Archwires: One each of the following

Upper .014 Tooth-Colored NiTi Wire	Lower .014 Tooth-Colored NiTi Wire
Upper .016 Tooth-Colored NiTi Wire	Lower .016 Tooth-Colored NiTi Wire
Upper .018 Tooth-Colored NiTi Wire	Lower .018 Tooth-Colored NiTi Wire
Upper .018 Tooth-Colored Stainless Steel Wires	Lower .018 Tooth-Colored Stainless Steel Wires
Upper 16x22 Tooth-Colored Stainless Steel Wires	Lower 16x22 Tooth-Colored Stainless Steel Wires
Upper 17x25 Tooth-Colored NiTi Wire	

Auxillaries: Clear Ligature Ties (1 pack), Clear Chain Elastics (1 roll), Bracket Bonding Agent Ortho Solo (1 set-up), Bracket Adhesive Enlight (1 set-up), Diamond Disc w/ Clear Guard (1), Diamond Strip (1), Satin Diamond Bur (1), Shorty Twist Ties (pack of 10), Patient Wax (1 each)

Instruments and Supplies:

- ☐ 230-223 Mathieu Plier, Narrow Tip.....$26.00 each
- ☐ 230-620 Pin and Ligature Cutter.....$72.65 each
- ☐ 220-205 Distal End Cutter w/ safety hold.....$99.75 each
- ☐ 220-319 Deluxe D.B. Bracket Holde.....$215.00 pack of 10
- ☐ 230-760 Tube Placement Tool.....$46.00 each
- ☐ 220-310 Ligature Director.....$18.40 each
- ☐ 230-622 Bracket Height Gauge.....$53.20 each
- ☐ 220-312 Bracket Remover.....$80.50 each
- ☐ 230-218 Weingart Plier.....$65.50 each

Masters Series "Add-Ons"

- ☐ 230-756 Step Bend Plier.....$79.95 each
- ☐ 230-786 Hollow Chop Plier.....$76.25 each
- ☐ 420-128 Gruin Lock Wrench.....$11.25 each
- ☐ 420-127 Gurin Locks.....$20.30 pack of 2
- ☐ 420-700 Clear Composite .022 Slot with Hooks and Buccal Tubea.....$85.00
  (One upper and lower set)

LAB USE ONLY!

RECEIVING

- ☐ Upper Model _____
- ☐ Lower Model _____
- ☐ Bite/Bite Fork _____
- ☐ Impression Trays _____
- ☐ Old Appliance _____
- ☐ Appliance Container _____
- ☐ Articulator _____
- ☐ Articulator Carrying Box _____
- ☐ Dr's Band _____

INITIAL _____

LAB USE ONLY!

SHIPPING

- ☐ Upper Model _____
- ☐ Lower Model _____
- ☐ Bite/Bite Fork _____
- ☐ Impression Trays _____
- ☐ Old Appliance _____
- ☐ Appliance Container _____
- ☐ Articulator _____
- ☐ Articulator Carrying Box _____
- ☐ NEW APPLIANCE _____

INITIAL _____

TERMS AND CONDITIONS

LABORATORY APPLIANCES

TERMS:
All invoices are due 15 days from invoice. At day 30, credit card on file will be charged. We accept Mastercard, Visa, American Express, and Discover. A 1.5% interest charge (18% per year) will be added to all invoices not paid by the due date. If legal action is required to obtain payment, SML is entitled to attorney fees.

LIABILITY RELEASE STATEMENT:
SML provides appliances and laboratory services as prescribed by a licensed Dental Practitioner. We can assume no responsibility for techniques used and their use and/or misuse by the prescribing doctor, staff, or their patients.

APPLIANCE WARRANTY AND CONDITIONS:
Our ability to provide a quality appliance begins with YOU. Please take the time to provide us with accurate impressions, models, or digital scans along with a construction bite. Although we pride ourselves in our craftsmanship, our appliances are only as good as the records provided for their fabrication.

SML is responsible only for the custom fabrication of dental appliances in accordance with provided specifications. We can only guarantee that our custom made appliances will fit the working models that were used for their construction. IMPORTANT NOTE: SML does not warrant appliances fabricated from impressions, models or digital scans that are older than 60 days (for adults) or 30 days (for children) from date of invoice.

WHAT IS COVERED BY WARRANTY:
All custom made appliances will fit the working models provided for their construction upon delivery to patient. Components on most SLEEP appliances are covered for a period of three (3) years and ALL OTHER appliances are covered for a period of ninety (90) days.

WHAT IS NOT COVERED BY WARRANTY:
- Acrylic fracture (due to clenching, bruxing, grinding, etc.)
- Non-compliance (patient chooses not to follow the prescribed treatment protocol, dislikes or intolerant to prescribed appliance, etc.)
- Patient abuse (accident, neglect, appliance loss, improper hygiene, etc.)
- Delamination of hard/soft material
- Changes in the dentition (loss or removal of teeth, restorations, failure of supportive tooth or tissue structures, etc.)
- Improper insertion or removal of appliance
- Improper adjustment of appliance
- Concerns expressed to doctor (regarding impressions, models, digital scans, bite registration, questionable indications and authorization for appliance fabrication)
- Allergic reaction to appliance materials (acrylic, nickel, etc.)
- Incidental or consequential damages or costs (due to patient canceling treatment, lost wages, chair time, pain and suffering)
- Appliances considered a biohazard when sent for repair
- Changing or resetting bites for sleep apnea appliances
- Partial or complete fabrication by any laboratory other than SML
- Cash refund or credit for a custom dental appliance
- Taxes, regulatory compliance fees, model pour-up or model printing fees
- Normal wear and tear
- Expedited production or shipping costs

APPLIANCE REMAKE REQUESTS:
While SML understands that many patients depend upon their appliances for improved and continued health, requests for a total remake - while the patient continues to use the current appliance - should be neither expected by the dentist nor promised to the patient.

IF AN APPLIANCE DOES NOT FIT YOUR PATIENT:
1. Download, print and fill-out the SML RETURN FORM found at www.SMLglobal.com/RETURN
2. Send new impressions, models or digital scans along with a new bite registration.
3. Return the appliance that needs to be remade along with the original working models used in its fabrication. These models were returned to you with the original shipment of the appliance!
4. If the returned appliance does not fit the patient and does not fit the original working models, SML will fabricate a new appliance on your new models at NO CHARGE.
5. If the appliance does not fit the patient but does fit the returned original working models, SML will fabricate a new appliance and charges will be incurred at our usual and customary fees.
6. Occasionally the working models used in fabrication may become damaged to a point that you will be unable to check the accuracy and fit of our work. Should this happen, SML will document this occurrence and return a note with the appliance indicating "Models damaged during processing". If the appliance does not fit the patient, SML will remake the appliance at NO CHARGE. Simply follow steps 1, 2 and 3 noted above and write on the lab prescription slip that the case is a "broken working model remake".

PLEASE NOTE:
Many appliances are fabricated from stainless steel, nickel titanium and acrylic. Stainless steel contains small amounts of nickel and chromium. Nickel titanium contains nickel. Acrylic is processed with methyl methacrylate. A small number of the population is known to be allergic to these materials. Should an allergic reaction occur, advise the patient to consult a physician.

• SML is compliant with all HIPAA regulations •