EOCA Lab

INFINITY RETAINER

Dr Name:

Patient Name/ID:

☐ EXPRESS DELIVERY

Signature:

Due Date:

Scanner Brand:

Address:

Digital Scan ID:

City: State: Zipcode:

Dr Licence #:

PLEASE TICK OPTIONS BELOW

☐ UPPER ARCH ☐ LOWER ARCH

Material

- ☐ Co-Cr ★
- ☐ Titanium

Tooth Coverage

- ☐ Canine to Canine ★
- ☐ Lateral to Lateral
- ☐ Central to Central
- ☐ Other _____

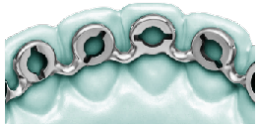
Color (if Titanium selected)

- ☐ None ★
- ☐ Light Blue
- ☐ Dark Blue
- ☐ Purple
- ☐ Yellow/Gold
- ☐ Pink

Design

- ☐ Straight ★

- ☐ Serpentine



- ☐ Serpentine Perio

Tooth Movement Optimised (TMO)

- ☐ Yes, Tooth Movement Table with this form ★
- ☐ No

★ Indicates option default if none selected

Additional Instructions

eocalab.com

email your lab form to: contact@eocalab.com

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