Orthodontic Order Sheet

ASO INTERNATIONAL USA, INC.

2155 S BASCOM AVE, STE 160
Campbell, CA 95008

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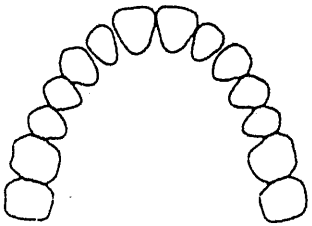
Doctor/Location

Case No.	Setting Date:(MM/DD/YY): Time :
	Delivery Due:(MM/DD/YY): Time :

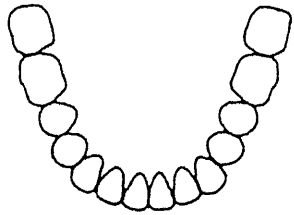
Patient Name			Date of Birth
First:	Last:	(F • M)	/ /

Appliance Name/No. _____ Name/No. _____

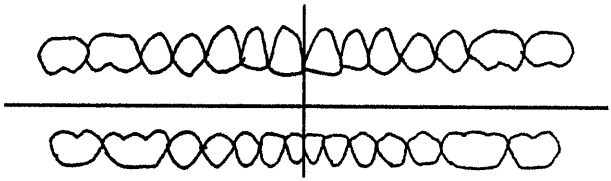
Color _____ Color _____



UPPER



LOWER



Special
Instruction

Signature _____

*Payment Terms: Net 40; 2% service charge over 40 days.