Orthodontic Order Sheet

ASO

INTERNATIONAL, INC.

1441 Kapiolani Boulevard, Suite 1112
Honolulu, Hawaii 96814
TEL 808-957-0111 / FAX 808-957-0222

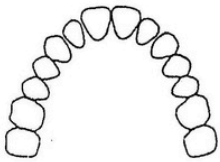
Doctor/Location

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

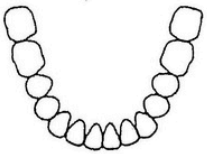
Patient Name			Date of Birth
First:	Last:	(F • M)	/ /

Appliance Name/No. _____ Name/No. _____

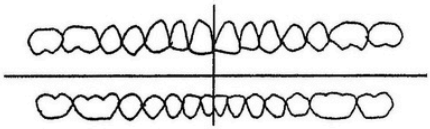
Color _____ Color _____



UPPER



LOWER



Special Instruction

Signature _____

*Payment Terms: Net 90; 2% service charge over 90 days.