



MidLyneTM
Orthodontic Laboratory

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Protection

Patient's Name _____

Date Wanted _____

(Please request at least 1 business day prior to patient appt.)

Doctor _____

Telephone _____

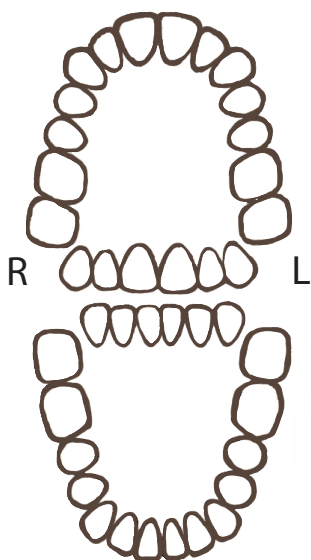
Address _____

City _____

State _____

Zip _____

Email _____



- ☐ 3D Print
- ☐ Soft Splint
- ☐ Rigid Nightguard
- ☐ Combination Splint
- ☐ Proform® Sportsguard
- ☐ Acrylic Herbst®
- ☐ Flat Plane Occlusal Splint
- ☐ Flat Anterior Bite Plane
- ☐ Gelb
- ☐ Anterior Repositioning
- ☐ Posterior Repositioning

Instructions / Comments _____

