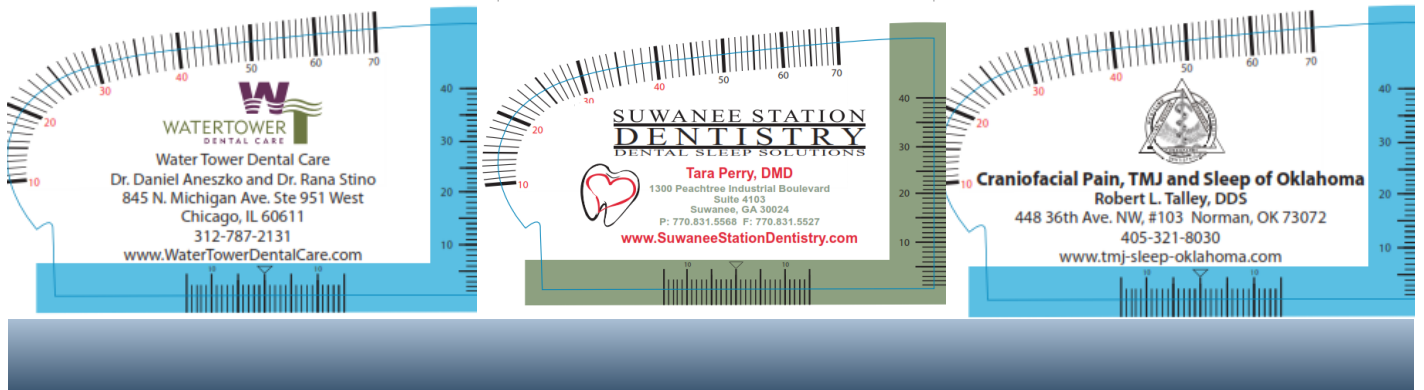




Customized Ruler Cards Order Form

DentalRulers.com
Phone: 855-375-9804
info@DentalRulers.com



Step 1: Front Design:

*****Fill out information you want on the card EXACTLY as you want it to appear. To skip an item, leave it blank. Please EMAIL Your Practice Logo to Info@DentalRulers.com**

Name of Practice: _____

Doctor's Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Step 2: Back Design: (choose 1)

Standard Back - includes Instructions on How to Use this Card, a space for the patient's name, and space to write the date, vertical, lateral, and protrusive measurements.

Appointment Card - Includes space to write the appointment times for your patients and your dentists.

How to Use this card:

This card helps track 3D jaw range of motion. Measure vertical range of motion by placing the hook between your lower incisors, opening wide, and recording where the top teeth hit the scale on the rounded edge. Measure side to side motion by centering the arrow (bottom center) between the lower incisors and marking the maximum distance as you move the jaw left and right as far as possible. Measure protrusive movement by placing the bottom right corner of the card between the upper incisors and slide your lower teeth along the scale. Record your results below and bring this card into our office.

Patient Name: _____

Date: __/__/__ Vert: ____ Lat: (L) ____ (R) ____ Prot: ____

Date: __/__/__ Vert: ____ Lat: (L) ____ (R) ____ Prot: ____

M _____


Has an appointment on:


Day: _____ Date: _____

Time: _____

Please give us 24 hour notice if you need to cancel
Your practice
Info Here

Step 3: Choose Quantity

	QTY	Price Each	Qty Ordered	Line Total
Custom ROM Cards	1000	\$697		
Custom ROM Cards 	2000	\$947		
Shipping (flat rate)				\$10.00

 Include my FREE Boley Gauge Ruler with my order of 2000 Custom Range of Motion

Billing information

Please Print NEATLY

Name _____ Practice Name _____

Address (no PO Boxes) _____

City _____ State _____ Postal Code _____

Phone _____ Email _____

Fax _____

AMEX

Visa

Mastercard

Discover

Credit Card Number _____

Expiration _____ VIN _____ Billing Postal Code _____

Signature: _____

*I authorize DentalRulers.com to charge my account for a 1 time payment for my order above. You will see a charge on your credit card statement for "TMJ/Sleep Resources and Consulting LLC"

Email form back to: info@DentalRulers.com