



HERCULES RETAINER ORDER FORM

Patient Name/ID: _____

Dr Name: _____

Dr Licence #: _____

Due Date: _____

Scanner Brand: _____

Digital Scan ID: _____

Signature: _____



EXPRESS DELIVERY

PLEASE TICK OPTIONS BELOW

ARCH

- ☐ Upper
☐ Lower
☐ Upper and Lower

TRIM

- ☐ Curved trim
☐ Straight trim

NUMBER OF SETS

- ☐ 1 x
☐ 2 x
☐ 3 x

TMD OCCLUSAL PADS

- ☐ None
☐ 2mm height
☐ 3mm height

FIXED LINGUAL BAR IN PLACE

- ☐ Yes
☐ No

BITE RAMPS (UPPER)

- ☐ None
☐ Yes

ADD COLOR TO TMD OCCLUSAL PADS

- ☐ Transparent ★
☐ Yes: Yellow
☐ Yes: Pink
☐ Yes: Blue
☐ Yes: Purple
☐ Yes: Green

IF YES, COVER LINGUAL BAR

- ☐ Yes
☐ No, trim around

TOOTH MOVEMENT OPTIMISED

- ☐ Yes*
☐ No

***TMO = Tooth Movement Optimised (tooth movement table to be uploaded with this order form)**

Additional Instructions

Please send your Order form to contact@eocalab.com

NEW ACCOUNT REQUEST - PLEASE COMPLETE FULL DETAILS BELOW

Our team will set you up with an online account to [track and place your orders](#) and [upload scans](#) with our custom-built digital ordering platform. You can also register online at mylab.eocalab.com

Doctors' Full Name: _____

Email: _____

Practice Name: _____

Phone Number: _____

Business Address: _____

Shipping Address: _____

Apply for 30 Day Account: ☐

Order Contact Name: _____

New accounts - send your Order form to contact@eocalab.com

eocalab.com

EOCA Lab | 2860 Scherer Drive North, Suite 650
St. Petersburg, FL 33716 USA | Phone: +1 (727) 256 0537