

BRACKET SHIPMENT FORM

Organization Name: _____

Doctor Name(s): _____

Brackets Main Point of Contact

Name: _____

Email: _____

Phone: _____

Shipping Address:

Bracket Set Descriptions

	Manufacturer / bracket brand	Brackets included	Quantity	Notes
Example	AO Mini Master with Dynaflex molar tubes	U&L 7-7	5 sets	Please add this to my digital bracket library. I emailed you the part numbers on 4/6/21.
Set 1				
Set 2				
Set 3				

Important: Please make sure that physical brackets are clearly labeled with either the set number and/or the manufacturer / bracket brand as recorded above.

I have double checked that the brackets I am shipping are correct. I understand that if OrthoSelect receives incorrect bracket sets it will delay the bracket digitization process, the incorrect brackets will be shipped back to me, and I will pay for the shipping cost.

Name: _____ Date: _____

Brackets team contact information

Phone: 866-695-3319 | Email: brackets@myorthoselect.com

