BRACKET INVENTORY RESTOCK FORM

Office/Organization Name: _____

Doctor(s) Name: _____

Shipping Address: _____

Brackets Main Point of Contact: Who we will contact for any questions about this form.

Name & Title: _____

Email: _____

Phone: _____

Please Note: DIBS AI does not provide prepaid shipping labels for the bracket inventory shipments. You will be notified via email as a courtesy when your bracket inventory reaches 10 cases.

INVENTORY RESTOCK

	MANUFACTURER/ BRACKET BRAND	BRACKETS INCLUDED	QUANTITY	NOTES
Example	*Cx Ortho Ceramic*	*U&L 5-5*	*30 sets*	*New lower 5's included. Please digitize. I emailed part #'s 5/18*
Set 1				
Set 2				
Set 3				
Please use this form again and add as a second page for any additional bracket sets				

EMAIL THIS COMPLETED FORM TO:

Brackets@MyOrthoSelect.com
Subject Line: Inventory Restock Form / *Your Office's Name*
Body of the Email: The completed form and the tracking number of your bracket shipment.

*SHIPPING LABEL REQUIREMENTS: *(Please inform your bracket rep/manufacturer)*

OrthoSelect – DIBS AI
Attn: Brackets Team/*Your office name – your Dr's name*
831 East 340 South, Ste #170
American Fork, UT 84003

*If shipping brackets from your office please print this form and include with your bracket shipment