

BRACKET SHIPMENT PROCESS

FROM MANUFACTURER

Preferred - Your bracket manufacturer's invoice will contain part #'s and corresponding bracket sets.

1. Mail DIBS AI the quantity of each type of bracket you typically use in a month. 30 sets of each bracket type is recommended. Remember to to send all alternate bracket sets including ceramic, alternate molars etc.
2. One of each type of your bracket sets will not be used in any of your cases but will be used for reference only. (i.e. if you send ten sets, only nine will be inserted in your cases)
3. Prepasted brackets can be digitized but not inserted (only send 1 set in its air tight packaging).
4. We do not accept brackets in bulk.

5. Process:

- a. Complete the "Brackets Shipped From Manufacturer Form" & "Inverted Brackets Form".

- b. Email these completed forms to:

Brackets@MyOrthoSelect.com

Subject Line: Brackets Shipped From Manufacturer Form - New Brackets To Be Digitized

Body of the Email: Type the name of the manufacturer (EX American Orthodontics) the bracket sets will be shipping from & include the tracking number of the bracket shipment.

- c. **Shipping label requirements:** *(Please inform your bracket rep/manufacturer)*

OrthoSelect - DIBS AI

Attn: Bracket Team/*(Your office name - your Dr's name)*

831 East 340 South, Ste #170

American Fork, UT 84003

- c. Ensure bracket part numbers will show on the invoice.

BRACKETS SHIPPED DIRECTLY FROM MANUFACTURER

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: 84 brackets (3 sets of 28 brackets), are digitized and included as part of the initial price paid at the time of registration. Each inverted bracket counts toward the 84. Each additional individual bracket digitized beyond the included amount is \$10.

BRACKET DIGITIZATION REQUEST

	MANUFACTURER/ BRACKET BRAND	BRACKETS INCLUDED	QUANTITY	NOTES
<i>Example</i>	<i>Cx Ortho Ceramic</i>	<i>U&L 5-5</i>	<i>30 sets</i>	<i>We swap the upper 4's so hooks point distally</i>
*Set 1				
Please put the bracket set you will use on the first case in "Set 1".				
Set 2				
Set 3				

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

EMAIL THIS COMPLETED FORM TO:

Brackets@MyOrthoSelect.com

Subject Line: Drop Ship & Inverted Bracket Forms - New Brackets To Be Digitized / *Your Office Name*

Body of the Email: Type the name of the manufacturer (Ex American Orthodontics) the bracket sets will be shipping from & include the tracking number of the bracket shipment.

INVERTED BRACKETS

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: 84 brackets (3 sets of 28 brackets), are digitized and included as part of the initial price paid at the time of registration. Each inverted bracket counts toward the 84. Each additional individual bracket digitized beyond the included amount is \$10.

INVERTED BRACKET DIGITIZATION REQUEST

	MANUFACTURER/ BRACKET BRAND	BRACKETS INCLUDED	NOTES
<i>Example</i>	<i>Cx Ortho Ceramic</i>	<i>U&L 5-5</i>	<i>Inverted 1's please use for U2's also.</i>
Set 1			
Set 2			
Set 3			
*Invert Definition: The rotation of a bracket on a tooth by 180 degrees.			

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

EMAIL THIS COMPLETED FORM TO:

Brackets@MyOrthoSelect.com

Subject Line: Drop Ship & Inverted Bracket Forms - New Brackets To Be Digitized / *Your Office Name*

Body of the Email: Type the name of the manufacturer (Ex American Orthodontics) the bracket sets will be shipping from & include the tracking number of the bracket shipment.

FINISHING WIRE ARCH FORM

**The Finishing Wire Arch Form is used to create a more accurate outcome.
We will digitize your finishing arch form for use in the software.
Only the shape of the arch form is essential.**

Manufacturer: (Example) AO American Orthodontics

Form Name: (Example) Form A LG

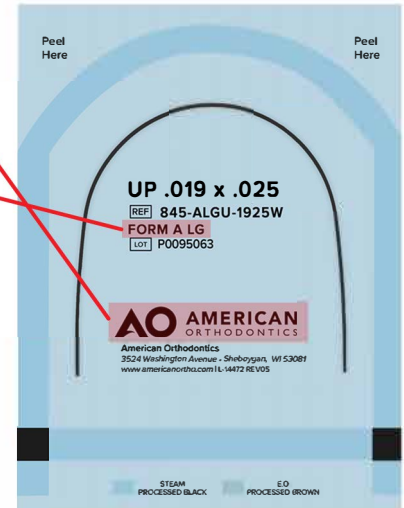
(Only one wire per arch form is required)

Manufacturer: _____

Form Name: _____

Manufacturer: _____

Form Name: _____



Shipping instructions for your finishing wire arch form:

1. Email this completed form to Brackets@MyOrthoSelect.com
2. In addition to emailing, ship the physical arch form and this document to:

OrthoSelect - DIBS AI
Attn: Brackets Team/(Your Office Name - Your Dr's Name)
831 East 340 South, Suite 170
American Fork, UT 84003

3. *If applicable*, the finishing wire arch form can be shipped with your physical bracket shipment.
4. All arch forms will be kept for a quality control reference.

