

# Lab Slip Rx



Date: \_\_\_\_\_ License #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Ship-to Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Enclosed:

Office Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

U & L Impressions \_\_\_\_\_

U & L Models \_\_\_\_\_

Patient Name: \_\_\_\_\_

Bite Registration \_\_\_\_\_

TheraSnoreII™ (NEW)

Repair/Remake TheraSnoreII™

Optional Features:

Each appliance ships w/ one  
spring and one sleeve set.

Extra set of Springs (\$20 ea. set)

Extra set of Spring Sleeve (\$15 ea. set)

Ship back with spring sleeves on.

## IMPORTANT- PLEASE COMPLETE:

From the date the case is received at Distar, please allow **10 business days** for the appliance to be fabricated. Please allow for return shipping days when scheduling your patient.

Cases will be returned to you via FedEx Ground and typically takes 3-6 business days to arrive for a flat rate fee .

If you would like expedited shipping for an additional shipping charge, please select below otherwise your package will be sent ground shipping.

Expedited 2nd day Air

Expedited Next day Air to arrive by 3pm

*Email ship date and tracking when ready*

## Special Instructions:

## Send Additional:

Rx forms

Ground Mailing labels

Patient educational materials

- Accounts are due and payable 30 day from the date of invoice. A monthly statement will be sent. All amounts not paid by the 25th day of the month following the statement date are subject to a service charge on unpaid balance of 2% per month.

- Accounts not paid within these credit terms will be subject to C.O.D. status.

- Client pays, in full, the stated price of the goods, plus any service charges, plus all costs of collection including attorneys' fees, court costs

**Distar L.L.C.**  
**3748 Eubank Blvd. NE**  
**Albuquerque, NM 87111**  
**(800)-47-SNORE**  
**distar@distar.com**

## OFFICE USE ONLY:

Cust#: \_\_\_\_\_

Date Rec: \_\_\_\_\_

INV#: \_\_\_\_\_

Ship Date: \_\_\_\_\_