



Special Order Form

Dear Customers,

In order to meet your request and for quality assurance purposes, please complete the form below. Orders will only be fulfilled upon the completion of the form.

All Special Orders are non-returnable.

Thank you for your cooperation.

Implant Information

Implant Manufacturer _____

Implant Name _____

Implant Diameter _____ Cuff Height _____

Hex (Internal OR External) _____

Sphero Block Normal OR Micro _____ Sphero Flex _____ Equator _____

Customer Information

Dentist/Laboratory _____

Address _____

City _____ State _____ Zip Code _____ Tel. _____

Fax _____ Email _____

Authorized Signature _____

Credit Card Info: _____

Distributed through American Recovery. 800-233-6559 , Fax 914-633-6363