

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 | <i>New lower 5's included. Please digitize. I emailed part #'s 5/18</i> |
| 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: (If applicable, please inform your bracket rep/manufacturer)

DIBS AI

Attn: Brackets Team (Your office / Dr's name)

772 E 930 S, Suite 100

American Fork, UT 84003

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