

Dental Office Supply Requisition



CIGNA Dental

FAX YOUR ORDER TO:
CIGNA Dental
c/o Moore Wallace
1.800.632.9234

(For faster, more accurate orders)

OR MAIL TO: CIGNA Dental
c/o Moore Wallace
1750 Wallace Avenue
St. Charles, IL 60174
1.800.342.5234

DENTAL OFFICE#: D:	TELEPHONE #: ()
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SHIP TO: (Please do not use P.O. Box)

Company: _____
Attention: _____
Street Address: _____

City: _____
State: _____ Zip Code: _____

Catalog Number	Pkg. Qty.	Pkgs. Requested	Description
12201	(50)		Pediatric Dental Chart
12202	(50)		Adult Dental Chart
12203	(50)		Adult Dental Chart - Page 2
12204	(25)		Periodontal Evaluation Chart
12205	(50)		Medical Update Label
12350	(50)		Comprehensive Treatment Plan
12920	(25)		Patient Encounter Envelope
12921	(25)		Patient Encounter Envelope - CA <i>(For state of California only)</i>
14420	(50)		Specialty Referral Form (Generic)
14430	(50)		Orthodontic Specialty Referral Form
14530	(25)		Specialty Referral Envelope - Eastern and Central Regions
14570	(25)		Specialty Referral Envelope - Western Region
15190	(25)		Dissatisfaction Form - CA <i>(For state of California only)</i>
532074	(1)		Patient Charge Schedules at a Glance
532075	(100)		Patient Encounter Form
532739	(100)		Patient Encounter Form - CA <i>(For state of California only)</i>
534933	(50)		L.A. Third Prophy Encounter Form - CA <i>(For state of California only)</i>
557784	(1)		Quick Reference Specialty Referral Guidelines
569023	(1)		Quick Reference Guide (Dental Office Reference Guide)
569032	(1)		Policy Manual