



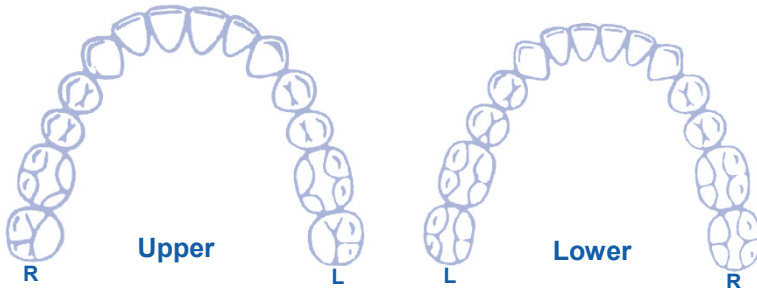
Put our experience to work for you

Appliance Rx

- | | |
|--|---|
| <input type="checkbox"/> Phone me regarding case | Send additional |
| <input type="checkbox"/> Master Rx on file | <input type="checkbox"/> Rx Sheets |
| <input type="checkbox"/> New Account | <input type="checkbox"/> Address change |
| | <input type="checkbox"/> Mailing labels |

Doctor: _____ Lic# _____
 Address: _____ City/State _____
 Patient: _____ Telephone: _____
 Date Shipped: _____ Date Wanted: _____
 Dr Signature: _____

1-2 days prior to insertion



Acrylic Color
Upper _____

Acrylic Color
Lower _____

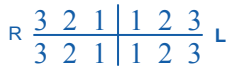
Retainers

- | | Upper | Lower |
|---|--------------------------|--------------------------|
| Hawley Standard | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard Wrap Around | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Bow Wrap Around | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Bow Soldered To Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| QCM Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| Tremont Wrap Around | <input type="checkbox"/> | <input type="checkbox"/> |
| Bloore Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| Invisible Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonded Lingual Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 3x3 W/ Transfer Tray | | |
| <input type="checkbox"/> 3x3 W/ Mesh pads | | |

Spring Retainers

- | | Upper | Lower |
|---|--------------------------|--------------------------|
| Spring Retainer <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4 | <input type="checkbox"/> | <input type="checkbox"/> |
| Modified Spring Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| Modified Spring Retainer w/ Helix | <input type="checkbox"/> | <input type="checkbox"/> |
| 3x3 With Wire Extensions | <input type="checkbox"/> | <input type="checkbox"/> |

RESET TEETH CIRCLED On diagram below



Splints

- | | Upper | Lower |
|-------------------------------|--------------------------|--------------------------|
| Anterior Repositioning Splint | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Occlusal Splint | <input type="checkbox"/> | <input type="checkbox"/> |
| Full Anterior Guidance | <input type="checkbox"/> | <input type="checkbox"/> |
| Dual Laminate | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexguard (Thermoplastic) | <input type="checkbox"/> | <input type="checkbox"/> |
| Soft Night Guard | <input type="checkbox"/> | <input type="checkbox"/> |
| Sports Mouth Guard | <input type="checkbox"/> | <input type="checkbox"/> |
| Krois Deprogrammer | <input type="checkbox"/> | <input type="checkbox"/> |
| Mini Deprogrammer | <input type="checkbox"/> | <input type="checkbox"/> |

Wire Options

- | | Upper | Lower |
|---|--------------------------|--------------------------|
| Ball Clasp | <input type="checkbox"/> | <input type="checkbox"/> |
| Adams Clasp | <input type="checkbox"/> | <input type="checkbox"/> |
| "C" Clasp | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrow Clasp | <input type="checkbox"/> | <input type="checkbox"/> |
| Soldered "C"s | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tongue Crib | | |
| <input type="checkbox"/> Finger Springs <input type="checkbox"/> To Close <input type="checkbox"/> "Z" Spring | | |
- R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Acrylic Options

- | | Upper | Lower |
|---|--------------------------|--------------------------|
| Labial Acrylic | <input type="checkbox"/> | <input type="checkbox"/> |
| Posterior Bite Plane | <input type="checkbox"/> | <input type="checkbox"/> |
| Horseshoe Acrylic | <input type="checkbox"/> | |
| <input type="checkbox"/> Anterior Bite Plane | | |
| <input type="checkbox"/> Pontic - Shade _____ | | |

Fixed Appliance

- Nance Appliance
- Transpalatal Arch
- Space Maintainer-Specify _____
- Distal Shoe-Specify _____
- Lip Bumper
- Lingual Arch 6x6
- Fixed Bite Plane (Rickanator)
- Habit Appliance-Specify _____
- Bluegrass
- Pedo Partial

Study Models

- Finished
- Rough Trim

Functional Appliances

- | | Upper | Lower |
|---|--------------------------|--------------------------|
| Schwarz | <input type="checkbox"/> | <input type="checkbox"/> |
| Schwarz (Two Screws) | <input type="checkbox"/> | <input type="checkbox"/> |
| Sagittal (Two Way) | <input type="checkbox"/> | <input type="checkbox"/> |
| Sagittal (Three Way) | <input type="checkbox"/> | <input type="checkbox"/> |
| Add Occlusal Coverage | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bionator To Open | | |
| <input type="checkbox"/> Bionator To Close | | |
| <input type="checkbox"/> Orthopaedic Corrector <input type="checkbox"/> Type I <input type="checkbox"/> Type II | | |
| <input type="checkbox"/> Twin Block (Standard) | | |

Fixed Expanders

- Hyrax RPE
- Haas RPE
- Bonded RPE
- Quad Helix Upper Lower
- W-Arch Upper Lower
- FLEA
- E-Arch (With IPC) Upper Lower
- Wilson 3-D-Specify _____
- Deluxe Contoured Expander
- Spring Jet 1 (Slow Expansion)
- Spring Jet 2 (Fast Expansion)
- Nitanium Palatal Expander
- Memory Screw
- Exspider Fan Expander

Distilizing Appliances

- Pendulum (W/O Expansion)
- Pendex (W/ Expansion)
- T-Rex
- Hilgers
- ACCO: Cetlin
- Distal Jet
- IPC Standard Distalizer
- Unilateral Right Left

Herbst® Appliances

- Standard Banded Design
- Cantilever Banded Design
- Crown Herbst®**
- Standard Crown Design
- Standard Cantilever Design
- Bonded Herbst

Special Instructions _____