

FUNCTIONAL APPLIANCE / Rx

SPECIALTY APPLIANCES

ORTHODONTIC LABORATORY

<input type="checkbox"/> PHONE ME REGARDING THIS CASE	<input type="checkbox"/> SEND ADDITIONAL
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> RX FORMS
<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> SEND LAB	<input type="checkbox"/> MAILING LABELS
<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> SERVICES PACKET	<input type="checkbox"/> SHIPPING SUPPLIES

Doctor _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Patient Name _____

Date Shipped _____ Date Needed _____

Approval to charge Express Shipping to return on date needed.

Appointment Date and Time _____

E-Mail Address _____

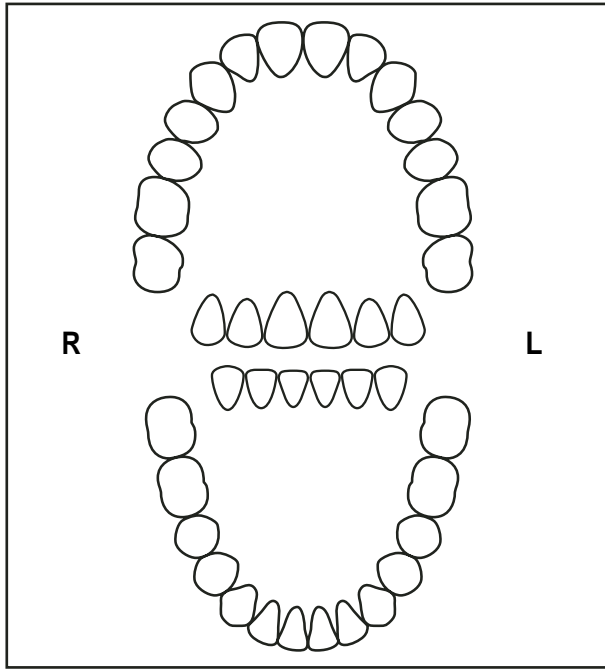
Office Use:

1 2 3 4 + PD: SA DR

Models: U L Both Bands Crowns Broken

Impressions: U L Both

Final Insp. _____



FRANKEL	Buccal Wax Relief	FR Accessories
<input type="checkbox"/> FR I <input type="checkbox"/> FR II	<input type="checkbox"/> Standard Wax	<input type="checkbox"/> Add Upper Lip Pads
<input type="checkbox"/> FR III <input type="checkbox"/> FR IV	<input type="checkbox"/> Alternative	<input type="checkbox"/> Lower Molar Rests
<input type="checkbox"/> FR V <input type="checkbox"/> FR II+IV	<i>(Indicate on diagram)</i>	<input type="checkbox"/> Advancement Screws
Discing Teeth	Lingual Springs on Lower Anteriors	Acrylic Color
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clear
<input type="checkbox"/> Spacers Used Mesial to 6's		<input type="checkbox"/> Color Chart # _____

FUNCTIONALS	Appliance Design	Expansion Screws
<input type="checkbox"/> BIONATOR	<input type="checkbox"/> To Open The Bite	<input type="checkbox"/> No Screws Required
<input type="checkbox"/> CORRECTOR	<input type="checkbox"/> To Close The Bite	Add Screws: Upper Lower
<input type="checkbox"/> TANDEM	<input type="checkbox"/> Maintain The Bite	Midline <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> TWIN BLOCK – Clark		Sagittal <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> TWIN BLOCK – McNamara		

ACTIVE DESIGNS	Upper	Lower	Expansion Screws
<input type="checkbox"/> SAGITTAL - AP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Midline Screw Only
<input type="checkbox"/> 3 WAY SAGITTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 Midline Screws
<input type="checkbox"/> SCHWARZ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 Sagittal Screws
<input type="checkbox"/> BONDED EXPANDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fan Expansion Screw
<input type="checkbox"/> NORD EXPANDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other Screw Design <i>(please diagram)</i>
<input type="checkbox"/> PHASE II APPLIANCE	<input type="checkbox"/>		

ACCESSORIES FOR ALL APPLIANCES	
Wire / Clasps	Acrylic Design
<input type="checkbox"/> Hawley Labial Bow	<input type="checkbox"/> Trim Posterior For Maximum Eruption
<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Trim As Diagrammed
<input type="checkbox"/> Add Adams Clasps	<input type="checkbox"/> Occlusal Coverage
<input type="checkbox"/> Add Ball Clasps	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/> Add Arrow Clasps	<input type="checkbox"/> Anterior Bite Plane
<input type="checkbox"/> Add "C" Clasps	
Accessories	Acrylic Colors
<input type="checkbox"/> Carve Brackets Off Models	<input type="checkbox"/> Pink Tint Acrylic
<input type="checkbox"/> Add Labial Pads	<input type="checkbox"/> Clear Acrylic
<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Specialty Colors
<input type="checkbox"/> Add AW Tubes	<i>(Please refer to the Specialty Appliances Custom Color Chart)</i>
<input type="checkbox"/> .018 <input type="checkbox"/> .022	# _____
<input type="checkbox"/> Add HG Tubes	# _____
<input type="checkbox"/> .045	

SPECIAL INSTRUCTIONS

Dr. Signature: _____ License Number: _____