

INDIRECT BONDING / Rx

| | |
|--|--|
| <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 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 _____

SPECIALTY APPLIANCES

ORTHODONTIC LABORATORY

Office Use:

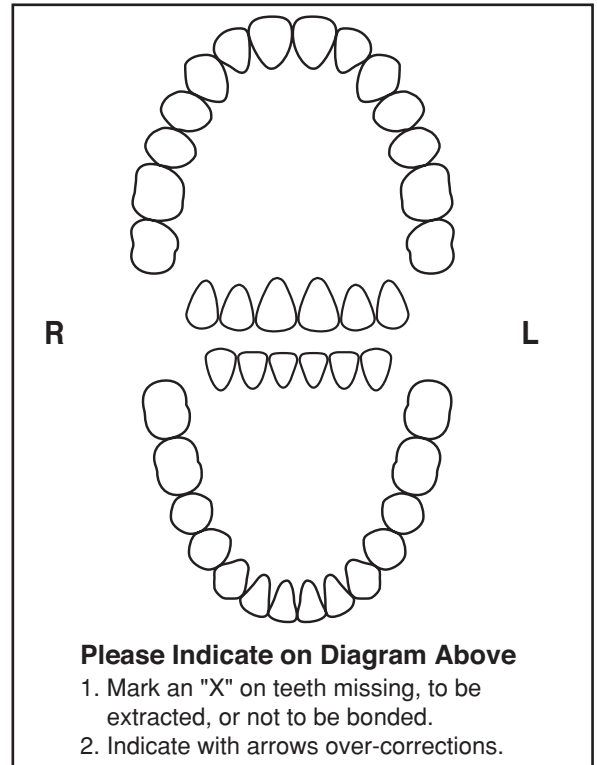
1 2 3 4 + PD: SA DR

Models: U L Both Bands Crowns Broken

Impressions: U L Both

Final Insp. _____

| | | | | |
|---|------------------------------------|--|-------------------|--------------------------|
| CASE INFORMATION | <input type="checkbox"/> Labial | <input type="checkbox"/> Lingual | | |
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower | <input type="checkbox"/> .018 <input type="checkbox"/> .022 | | |
| <input type="checkbox"/> Brackets Enclosed with Case | | | | |
| <input type="checkbox"/> Specialty Provide Labial Brackets | <input type="checkbox"/> Metal | <input type="checkbox"/> Ceramic | | |
| <input type="checkbox"/> Specialty Provide Lingual Brackets | <input type="checkbox"/> GAC - MTM | <input type="checkbox"/> Ormco | | |
| Tray Selections | <input type="checkbox"/> Full Arch | <input type="checkbox"/> Midline Split <input type="checkbox"/> 3 Pieces | | |
| LINGUAL ARCHWIRES | | | | |
| | Upper | Lower | Upper | Lower |
| .0175 Respond | <input type="checkbox"/> | <input type="checkbox"/> | .016 x .022 TMA | <input type="checkbox"/> |
| .016 Nitinol | <input type="checkbox"/> | <input type="checkbox"/> | .017 x .025 TMA | <input type="checkbox"/> |
| .016 TMA | <input type="checkbox"/> | <input type="checkbox"/> | .016 S. S. | <input type="checkbox"/> |
| .0175 x .0175 TMA | <input type="checkbox"/> | <input type="checkbox"/> | .016 x .022 S. S. | <input type="checkbox"/> |



| BRACKET HEIGHT PRESCRIPTION | | | | | | | | | | | | | |
|-----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------------|
| Custom Height | | | | | | | | | | | | | Custom Height |
| Standard Height | 3.0mm | 4.0mm | 4.5mm | 5.0mm | 4.5mm | 5.0mm | 5.0mm | 4.5mm | 5.0mm | 4.5mm | 4.0mm | 3.0mm | Standard Height |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Standard Height | 3.0mm | 3.5mm | 4.0mm | 4.5mm | 4.0mm | 4.0mm | 4.0mm | 4.0mm | 4.5mm | 4.0mm | 3.5mm | 3.0mm | Standard Height |
| Custom Height | | | | | | | | | | | | | Custom Height |

SPECIAL INSTRUCTIONS Tooth # System used Universal Palmer

MKT-9, 10-09

Dr. Signature: _____ License Number: _____

P.O. Box 100005 Cumming, GA 30028-9919 (for use only with Specialty Appliances prepaid business reply labels)

4905 Hammond Industrial Dr. Cumming, Georgia 30041 (for all cases shipped directly to street address)

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