

METAL 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 _____

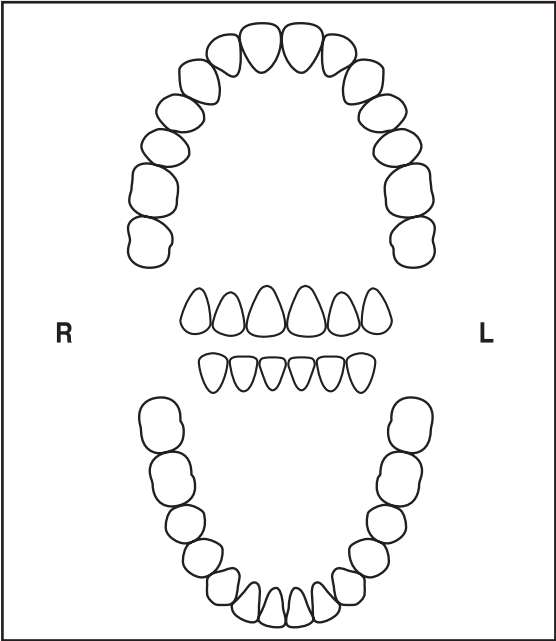
Approval to charge Express Shipping to return on date needed.

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. _____

<p>FIXED EXPANDERS</p> <p><input type="checkbox"/> Rapid Palatal Expander - Hyrax</p> <p><input type="checkbox"/> Rapid Palatal Expander - Haas</p> <p><input type="checkbox"/> Hilgers HEX Expander</p> <p><input type="checkbox"/> Acrylic Bonded RPE</p> <p><input type="checkbox"/> Debonding <input type="checkbox"/> Wires <input type="checkbox"/> Screws</p> <p><input type="checkbox"/> Exspider Fan Expander</p> <p><input type="checkbox"/> Dischinger Bonded</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Crown Expander</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Lower Banded Expander</p> <p><input type="checkbox"/> RES® Ratchet Screw</p> <p>DISTALIZING DESIGNS</p> <p><input type="checkbox"/> Pendulum Original (w/o Expander)</p> <p><input type="checkbox"/> Pendex (w/ Expander)</p> <p><input type="checkbox"/> T-Rex with Stabilizing Wires</p> <p><input type="checkbox"/> PHD Appliance</p> <p><input type="checkbox"/> Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</p> <p><input type="checkbox"/> MDA - Paz Expander</p> <p><input type="checkbox"/> Rapid Molar Distalizer</p> <p><input type="checkbox"/> Halterman Distal Loop</p> <p>CROWN ACCESSORIES</p> <p><input type="checkbox"/> Seating Lugs</p> <p><input type="checkbox"/> Crown Vent Holes</p> <p><input type="checkbox"/> Debonding Holes</p> <p><input type="checkbox"/> Vertical Slits</p> <p><input type="checkbox"/> Remove Occlusals</p>	<p>OTHER APPLIANCES</p> <p><input type="checkbox"/> Lower Frozat Expander</p> <p><input type="checkbox"/> Quad Helix <input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Removable</p> <p><input type="checkbox"/> W-Arch <input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Rickanator</p> <p><input type="checkbox"/> E-Arch <input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Wilson 3-D - Specify _____</p> <p><input type="checkbox"/> Bluegrass</p> <p><input type="checkbox"/> Habit Appliance <input type="checkbox"/> Crib <input type="checkbox"/> Spurs</p> <p><input type="checkbox"/> Fixed Bite Plane</p> <p>HOLDING APPLIANCES</p> <p><input type="checkbox"/> Nance Appliance</p> <p><input type="checkbox"/> Space Maintainer - Specify _____</p> <p><input type="checkbox"/> Distal Shoe - Specify _____</p> <p><input type="checkbox"/> Transpalatal Arch</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Removable</p> <p><input type="checkbox"/> Lingual Arch</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Removable</p> <p>ACCESSORIES</p> <p><input type="checkbox"/> Archwire Tubes</p> <p><input type="checkbox"/> .018 <input type="checkbox"/> .022</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Head Gear Tubes .045</p> <p><input type="checkbox"/> Face Mask Hooks</p> <p><input type="checkbox"/> Add Lingual Sheaths</p> <p><input type="checkbox"/> Acrylic Color _____</p> <p><input type="checkbox"/> Soldered Hooks _____</p>
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CROWNS and BANDS

Specialty Appliances Provide and Fit Crowns/Bands - per diagram below

Crowns/Bands Enclosed with Case Specialty Seat - per diagram below

CIRCLE CROWNS TO BE SEATED

R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	

CIRCLE BANDS TO BE SEATED

R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	

OCCLUSAL RESTS per diagram

R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	

SPECIAL INSTRUCTIONS

Dr. Signature: _____ License Number: _____

MKT-6, 4-09