

RETAINER 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 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 _____

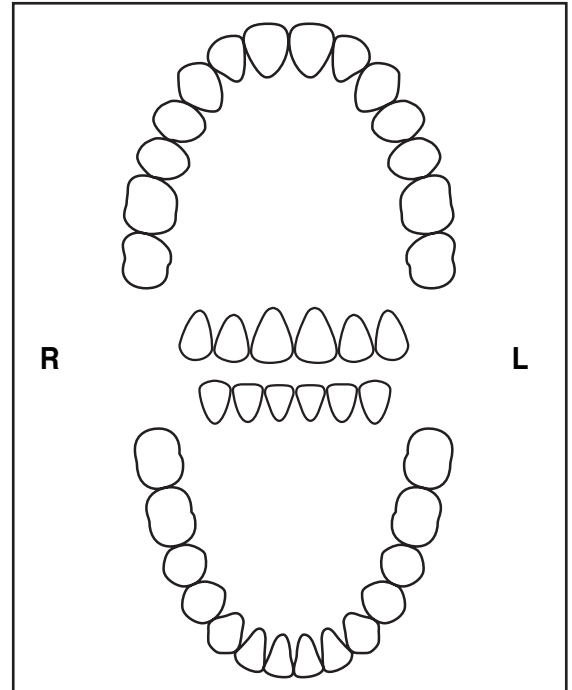
Office Use:

1 2 3 4 + PD: SA DR

Models: U L Both Bands Crowns Broken

Impressions: U L Both

Final Insp. _____



RETAINERS	Upper	Lower	ACCESSORIES
Hawley Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Finger Springs
Flat Bow Hawley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Holding Spurs
Standard Wrap Around Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soldered "C" Clasps
Flat Bow Wrap Around Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soldered Springs
Specialty Wrap Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soldered Cuspid Hooks
Labial Bow Soldered to Clasps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Habit Crib
Flat Bow Soldered to Clasps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Expansion Screw
Helical Bow Hawley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mini-Screw
Bloore Retainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Space Closing Screw
Invisible Retainer	<input type="checkbox"/>	<input type="checkbox"/>	ACRYLIC OPTIONS
SPRING RETAINERS	Upper	Lower	<input type="checkbox"/> Horseshoe Palate
Spring Retainer <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scallop Anteriors
Modified Spring Hawley 3x3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add Acrylic to Bow
Modified Spring Hawley 4x4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anterior Bite Plane
Super Modified Spring Hawley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Posterior Bite Plane
Super Modified with Helical Bow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acrylic Saddle _____
3x3 with Wire Extensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pontics Shade _____
RESET TEETH CIRCLED On Diagram Below			<input type="checkbox"/> Acrylic Color-U _____
R 3 2 1 1 2 3 L			<input type="checkbox"/> Acrylic Color-L _____
3 2 1 1 2 3			<input type="checkbox"/> Acrylic Design _____
RESETTING/STRIPPING			WIRE ACCESSORIES
<input type="checkbox"/> Do Not Reset Teeth <input type="checkbox"/> Reset Teeth Ideally			<input type="checkbox"/> "C" Clasps
<input type="checkbox"/> Compromise Reset <input type="checkbox"/> Do Not Strip Teeth			<input type="checkbox"/> Adams Clasps
ACTIVE DESIGNS	Upper	Lower	<input type="checkbox"/> Ball Clasps
Sagittal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arrow Clasps
Schwarz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Delta Clasps
			<input type="checkbox"/> Flat Labial Bow

BONDED LINGUAL RETAINERS

Placement of Retainer	Upper	Lower
Central - Central	<input type="checkbox"/>	<input type="checkbox"/>
Lateral - Lateral	<input type="checkbox"/>	<input type="checkbox"/>
Cuspid - Cuspid	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Placement of Pads

Composite Pads on Each Tooth	<input type="checkbox"/>	<input type="checkbox"/>
Composite Pads on Distal Most Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Mesh Pads on Distal Most Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Mesh Pads on Each Tooth	<input type="checkbox"/>	<input type="checkbox"/>

Type of Wire

Round .028	<input type="checkbox"/>	<input type="checkbox"/>
.016 x .022 Braided	<input type="checkbox"/>	<input type="checkbox"/>
.016 x .022 Solid SS	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL INSTRUCTIONS

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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