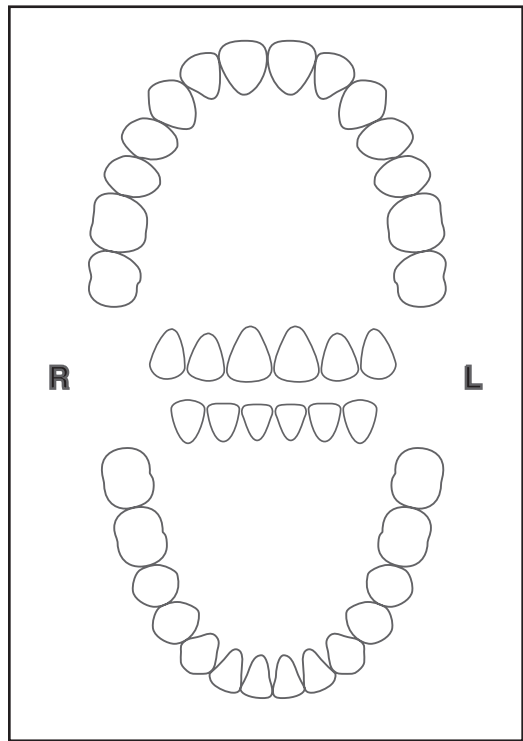


<input type="checkbox"/> CONTACT ME REGARDING CASE	<input type="checkbox"/> ADDRESS CHANGE	SEND ADDITIONAL <input type="checkbox"/> RX FORMS <input type="checkbox"/> MAILING LABELS/SUPPLIES
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> NEW ACCOUNT	

OFFICE USE: 1 2 3 4 + **PD:** SA DR
MODELS: U L BOTH BANDS CROWNS BROKEN
IMPRESSIONS: U L BOTH
DISINFECT: _____ **QA IN:** _____ **FINAL INSP:** _____

DOCTOR _____ ACCT# _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____
 EMAIL _____
 PATIENT NAME _____

DATE SHIPPED _____ **DATE NEEDED*** _____
*Unless otherwise requested, we will manufacture and ship appliance within 7 to 10 working days from date of receipt.
 APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED



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

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

Wire / Clasps <input type="checkbox"/> Hawley Labial Bow <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Add Adams Clasps <input type="checkbox"/> Add Ball Clasps <input type="checkbox"/> Add Arrow Clasps <input type="checkbox"/> Add "C" Clasps	Acrylic Design <input type="checkbox"/> Trim Posterior For Maximum Eruption <input type="checkbox"/> Trim As Diagrammed <input type="checkbox"/> Occlusal Coverage <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Anterior Bite Plane
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ACTIVE DESIGNS <input type="checkbox"/> SAGITTAL - AP <input type="checkbox"/> 3 WAY SAGITTAL <input type="checkbox"/> SCHWARZ <input type="checkbox"/> BONDED EXPANDER <input type="checkbox"/> NORD EXPANDER <input type="checkbox"/> PHASE II APPLIANCE	Upper Lower <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Expansion Screws <input type="checkbox"/> Midline Screw Only <input type="checkbox"/> 2 Midline Screws <input type="checkbox"/> 2 Sagittal Screws <input type="checkbox"/> Fan Expansion Screw <input type="checkbox"/> Other Screw Design <i>(please diagram)</i>
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Accessories <input type="checkbox"/> Carve brackets Off Models <input type="checkbox"/> Add Labial Pads <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Add AW Tubes <input type="checkbox"/> .018 <input type="checkbox"/> .022 <input type="checkbox"/> Add HG Tubes <input type="checkbox"/> .045	Acrylic Colors <input type="checkbox"/> Pink Tint Acrylic <input type="checkbox"/> Clear Acrylic <input type="checkbox"/> Specialty Colors (Please refer to the Specialty Appliances Custom Color Chart) # _____ # _____
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Digital Scan Taken with:
 iTero Carestream
 3Shape Sirona
 3M

SPECIAL INSTRUCTIONS

DR. SIGNATURE: /s/ **LICENSE NUMBER:** _____ **EXPIRES:** _____