

**NOTIFICATION**

- 
- CONTACT ME REGARDING CASE
- 
- ADDRESS CHANGE
- 
- 
- SPECIAL INSTRUCTIONS ON FILE
- 
- NEW ACCOUNT

**SEND ADDITIONAL**

- 
- Rx FORMS
- 
- 
- MAILING LABELS/SUPPLIES

DOCTOR \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

DATE SHIPPED \_\_\_\_\_ DATE NEEDED\* \_\_\_\_\_

*\*Date needed should be at least 1 day before appointment date.*
 APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

**DIGITAL SCAN TAKEN WITH:**

- 
- iTero
- 
- Omnicam
- 
- 
- Trios
- 
- 3M
- 
- 
- Carestream
- 
- Other: \_\_\_\_\_

**EXPANSION**

	STANDARD	MINI	CLICK
Hyrax RPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haas RPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic Bonded RPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeLuke Contoured RPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exspider Fan Expander	<input type="checkbox"/>		
Lower Fixed Expander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSE-MARPE	<input type="checkbox"/>		
Quad Helix	<input type="checkbox"/>		

**DISTALIZATION**

	R	L
Pendulum Original	<input type="checkbox"/>	<input type="checkbox"/>
Pendex (w/ Expander)	<input type="checkbox"/>	<input type="checkbox"/>
T-Rex	<input type="checkbox"/>	<input type="checkbox"/>
PHD Appliance	<input type="checkbox"/>	<input type="checkbox"/>
MDA Appliance	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Molar Distalizer	<input type="checkbox"/>	<input type="checkbox"/>
Horseshoe Jet	<input type="checkbox"/>	<input type="checkbox"/>
Distal Jet	<input type="checkbox"/>	<input type="checkbox"/>
Halterman Appliance	<input type="checkbox"/>	<input type="checkbox"/>

 SPECIAL INSTRUCTIONS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOLDING**

- 
- Transpalatal Arch
- 
- 
- Lingual Arch: Lower
- 
- 
- Nance Appliance
- 
- 
- Space Maintainer (Specify) \_\_\_\_\_

**OTHER APPLIANCES**

- 
- Habit Appliance
- 
- 
- Crib
- 
- Spurs
- 
- Bluegrass
- 
- 
- Fixed Bite Plane
- 
- X-Bow
- 
- 
- Rickanator
- 
- Tandem™
- 
- 
- E-Arch
- 
- 
- Upper
- 
- Lower

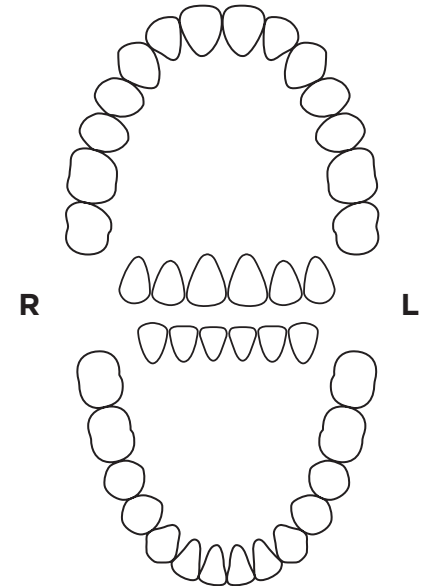
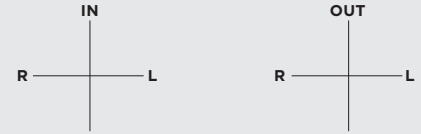
**ACCESSORIES**

- 
- AW Tubes
- 
- .018
- 
- .022
- 
- 
- Upper
- 
- Lower
- 
- 
- Headgear Tubes
- 
- Lip Bumper Tubes
- 
- 
- Lingual Sheaths
- 
- 
- Facemask Hooks \_\_\_\_\_
- 
- 
- Hooks (Specify) \_\_\_\_\_
- 
- 
- Debonding Holes
- 
- Vent Holes
- 
- 
- Vertical Slits
- 
- 
- Remove Occlusals from Crowns (ROC™)
- 
- 
- Debonding Wires
- 
- Debonding Screws
- 
- 
- Acrylic Color \_\_\_\_\_

**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:** \_\_\_\_\_

**CROWNS & BANDS**

- 
- Specialty Appliances provides and fits:
- 
- 
- Band(s)
- 
- Crown(s)
- 
- ROC(s)
- 
- 
- Crowns or Bands enclosed with case

**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**
**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	

DOCTOR SIGNATURE \_\_\_\_\_

License # \_\_\_\_\_ Expiration \_\_\_\_\_