

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: _____

HOLDING

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

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"/>		

OTHER APPLIANCES

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

ACCESSORIES

-
- AW Tubes
-
- .018
-
- .022
-
-
- Upper
-
- Lower
-
-
- Headgear Tubes
-
-
- Lip Bumper Tubes
-
-
- Lingual Sheaths _____
-
-
- Hooks (Specify) _____
-
-
- Lingual Seating Lugs
-
-
- Debonding Holes
-
-
- Vent Holes
-
-
- Vertical Slits
-
-
- Remove Occlusals for Crowns (ROC™)
-
-
- Debonding Wires
-
-
- Debonding Screws
-
-
- Acrylic Color _____

DISTALIZATION

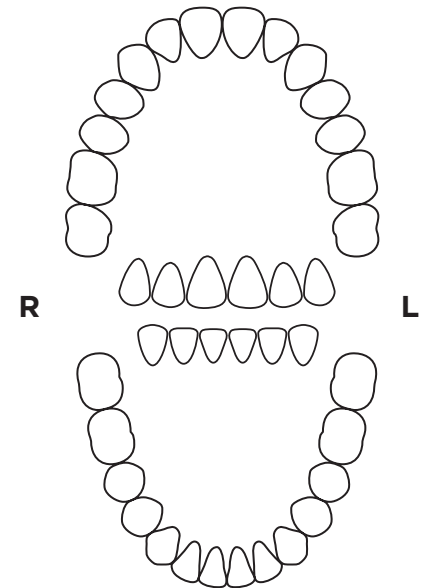
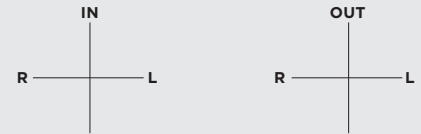
	R	L
Pendulum Original	<input type="checkbox"/>	<input type="checkbox"/>
Pendex (w/ Expander)	<input type="checkbox"/>	<input type="checkbox"/>
T-Rex	<input type="checkbox"/>	<input type="checkbox"/>
PHD Appliance	<input type="checkbox"/>	<input type="checkbox"/>
MDA Appliance	<input type="checkbox"/>	<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

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 _____