



Instructions for completing a Retainer Rx:

Specialty Appliances

Retainer Rx

CONTACT ME REGARDING CASE ADDRESS CHANGE SEND ADDITIONAL
 SPECIAL INSTRUCTIONS ON FILE NEW ACCOUNT RX FORMS
 MADING LABELS/SUPPLIES

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: _____ ACCTR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____
PATIENT NAME: _____
DATE SHIPPED: _____ DATE NEEDED: **REQUIRED**

APPROVAL TO CHANGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

HAWLEY RETAINERS Upper: _____ Lower: _____

| | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Hawley standard | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Flat Bow Hawley | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Standard Wraparound | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Flatbow Wraparound | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Specialty Wrap Design | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Labial Bow Soldered _____ Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Flat Bow Soldered _____ Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Helical Bow Hawley | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bloore Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ClearBow™ Hawley | <input type="checkbox"/> | <input type="checkbox"/> |

CLASPING OPTIONS:

| |
|--|
| <input type="checkbox"/> "C" Clasps |
| <input type="checkbox"/> Adams Clasps |
| <input type="checkbox"/> Ball Clasps |
| <input type="checkbox"/> Arrow Clasps |
| <input type="checkbox"/> Delta Clasps |
| <input type="checkbox"/> Soldered "C" Clasps |

ACCESSORIES:

| |
|--|
| <input type="checkbox"/> Finger Springs |
| <input type="checkbox"/> Holding Spurs |
| <input type="checkbox"/> Soldered Springs |
| <input type="checkbox"/> Soldered Cuspid Hooks |
| <input type="checkbox"/> Habit Crib |
| <input type="checkbox"/> Expansion Screw |
| <input type="checkbox"/> Mini-Screw |
| <input type="checkbox"/> Space Closing Screw |

ACRYLIC OPTIONS:

| |
|--|
| <input type="checkbox"/> Add Acrylic to Bow |
| <input type="checkbox"/> Anterior Bite Plane |
| <input type="checkbox"/> Posterior Bite Plane |
| <input type="checkbox"/> Horseshoe Palate |
| <input type="checkbox"/> Scallop Anterior |
| <input type="checkbox"/> Acrylic Endfile |
| <input type="checkbox"/> Pontics Shade _____ |
| <input type="checkbox"/> Acrylic Color-U _____ |
| <input type="checkbox"/> Acrylic Color-L _____ |
| <input type="checkbox"/> Acrylic Design _____ |

RESET TEETH CIRCLED On Diagram Below

| | | | | | | |
|---|---|---|---|---|---|---|
| R | 3 | 2 | 1 | 2 | 3 | L |
| | 3 | 2 | 1 | 2 | 3 | |

Do Not Reset Teeth Reset Teeth Ideally
 Compromise Reset Do Not Strip Teeth

ACTIVE DESIGNS Upper: _____ Lower: _____

| | | |
|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Sagittal | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Schwarz | <input type="checkbox"/> | <input type="checkbox"/> |

Digital Scan Taken with:
 iTero Carestream
 3Shape Sirona
 3M

FIXED LINGUAL RETAINERS (FLR)

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 Upper: _____ Lower: _____

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

Type of Wire Upper: _____ Lower: _____

| | | |
|-----------------------------------|--------------------------|--------------------------|
| Round .028 | <input type="checkbox"/> | <input type="checkbox"/> |
| .016 x .022 Braided | <input type="checkbox"/> | <input type="checkbox"/> |
| .016 x .022 Solid Stainless Steel | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER RETAINERS Upper: _____ Lower: _____

| | | |
|--------------------|--------------------------|--------------------------|
| Invisible Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------|--------------------------|--------------------------|

DR. SIGNATURE: _____ /N REQUIRED LICENSE NUMBER: _____ REQUIRED EXPIRES: mm/yy

P.O. BOX 100005, CUMMING, GA 30028-9919 (FOR USE ONLY WITH SPECIALTY APPLIANCES PREPAID BUSINESS REPLY LABELS)
4905 HAMMOND INDUSTRIAL DRIVE, CUMMING, GA 30041 (FOR ALL CASES SHIPPED DIRECTLY TO STREET ADDRESS)
(800) 522-4636 • IN GEORGIA (678) 513-4408 • FAX (678) 513-7345 • SPECIALTYAPPLIANCES.COM

01

As Specialty Appliance's standard Hawley retainers include palatal acrylic, please make sure to capture the palate in the scan or impression.

02

Specify any teeth that we should reset.

03

These active designs (commonly referred to as "Functional" appliances) do not standardly come with a labial bow. If a labial bow is desired for either of these appliances, please make sure to include that information at the bottom of the Rx.

They also include occlusal acrylic thus #4 below also applies to these appliances.

04

Be sure to send opposing scan/impression/model when requesting these specific accessories.

05

If other types of retainers are being requested in addition to a Hawley, those requests can be made using this Rx as well.

Please fill out the general information section completely to ensure that your order will be processed correctly and efficiently.



Also, the doctor's signature, license number and license number expiration date are required on all prescription sheets! If sending a digital Rx, this section can be completed digitally!