

NOTIFICATION

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

SEND ADDITIONAL

- Rx FORMS
 MAILING 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 _____ 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 Carestream 3M
 Trios Omnicam Other _____

RETAINERS

	U	L
Hawley Standard	<input type="checkbox"/>	<input type="checkbox"/>
Flat Bow Hawley	<input type="checkbox"/>	<input type="checkbox"/>
Standard Wraparound	<input type="checkbox"/>	<input type="checkbox"/>
Flat Bow Wraparound	<input type="checkbox"/>	<input type="checkbox"/>
Tremont Wraparound	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Wrap Design	<input type="checkbox"/>	<input type="checkbox"/>
Labial Bow Soldered to Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Flat Bow Soldered to Clasps	<input type="checkbox"/>	<input type="checkbox"/>
ClearBow™ Hawley	<input type="checkbox"/>	<input type="checkbox"/>
Flipper (no bow)	<input type="checkbox"/>	<input type="checkbox"/>

SPRING RETAINERS

	U	L
Spring Retainer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4		
Modified Spring Hawley 3x3	<input type="checkbox"/>	<input type="checkbox"/>
Modified Spring Hawley 4x4	<input type="checkbox"/>	<input type="checkbox"/>
Super Modified Spring Hawley	<input type="checkbox"/>	<input type="checkbox"/>

RESET TEETH PER DIAGRAM

	3	2	1		1	2	3	
R	3	2	1		1	2	3	L

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

CLASPING OPTIONS

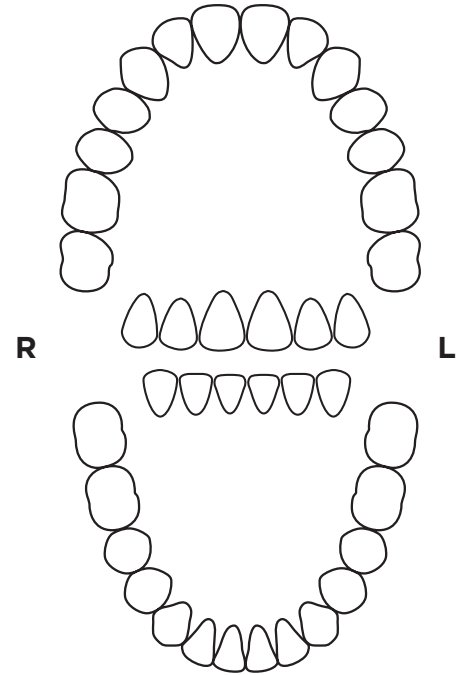
	U	L
C-Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Adams Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Ball Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Arrow Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Delta Clasps	<input type="checkbox"/>	<input type="checkbox"/>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

ACCESSORIES

	U	L
Finger Springs _____	<input type="checkbox"/>	<input type="checkbox"/>
Soldered Springs _____	<input type="checkbox"/>	<input type="checkbox"/>
Closing Springs _____	<input type="checkbox"/>	<input type="checkbox"/>
Holding Spurs _____	<input type="checkbox"/>	<input type="checkbox"/>
Helical Bow	<input type="checkbox"/>	<input type="checkbox"/>
Soldered Cuspid Hooks	<input type="checkbox"/>	<input type="checkbox"/>
Habit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crib <input type="checkbox"/> Spurs <input type="checkbox"/> Bluegrass		
Space Closing Screw (Specify) _____		
Wire Extensions (Spring Retainer)	<input type="checkbox"/>	<input type="checkbox"/>

ACRYLIC OPTIONS

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



FIXED LINGUAL RETAINERS (FLR)

Placement of Retainer	U	L
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	U	L
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	U	L
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	U	L
Invisible Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Zendura Material	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

(800) 522-4636 • IN GEORGIA (678) 513-4408

FAX (470) 239-7217

www.specialtyappliances.com