

Date: _____ Office Phone: _____ Address: _____

Doctor: _____

Patient: _____

☐ Male ☐ Female Age _____ Return Date: _____ Return Time: _____ AM _____ PM
(Rush dates not guaranteed without prior approval; charges may apply.)

Arch: ☐ Maxillary ☐ Mandibular

REMOVABLE APPLIANCES

- | | |
|---|---|
| <input type="checkbox"/> Nightguard (Hard Acrylic) | <input type="checkbox"/> Crossbite |
| <input type="checkbox"/> Cold Cure <input type="checkbox"/> Heat Cure | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Thermoflex (Heat to Soften) | <input type="checkbox"/> Screw |
| <input type="checkbox"/> Duraflex (Hard & Soft Acrylic) | <input type="checkbox"/> Schwarz |
| <input type="checkbox"/> Deprogrammer | <input type="checkbox"/> Sagittal |
| <input type="checkbox"/> Silencer Professional | <input type="checkbox"/> 3D Sagittal |
| <input type="checkbox"/> Sports Mouthguard (Proform) | <input type="checkbox"/> Fan Expansion |
| <input type="checkbox"/> Hawley Retainer | <input type="checkbox"/> Bowbeer |
| <input type="checkbox"/> Wraparound Retainer | <input type="checkbox"/> Bionator |
| <input type="checkbox"/> Essix Retainer | <input type="checkbox"/> Open <input type="checkbox"/> Close <input type="checkbox"/> To Hold |
| <input type="checkbox"/> 4-4 <input type="checkbox"/> 5-5 <input type="checkbox"/> 6-6 <input type="checkbox"/> 7-7 | <input type="checkbox"/> Twin Block |
| | <input type="checkbox"/> To Expand <input type="checkbox"/> Sagittal |

FIXED APPLIANCES

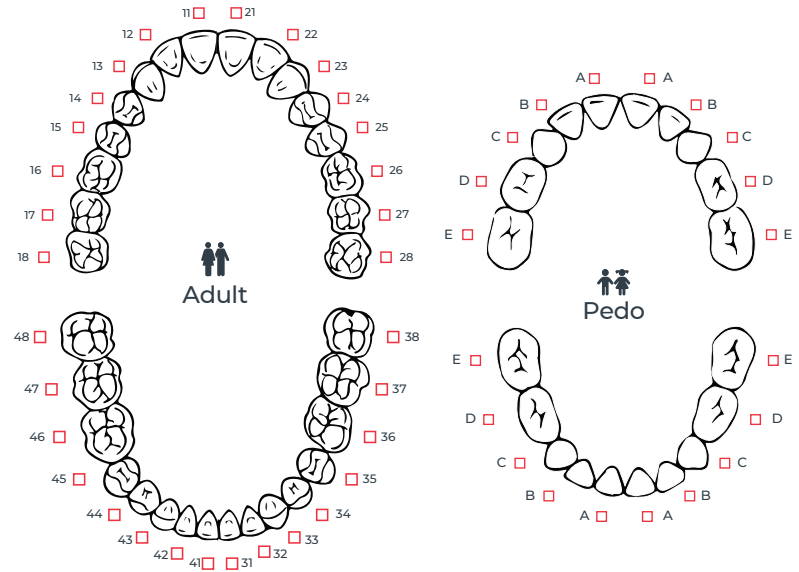
Teeth To Be Banded _____

- | | |
|--|---|
| <input type="checkbox"/> Unilateral Space Maintainer | <input type="checkbox"/> Crozat - Crescent-Retained |
| <input type="checkbox"/> LLHA | <input type="checkbox"/> RME Banded (Hyrax) |
| <input type="checkbox"/> Nance | <input type="checkbox"/> RME Bonded (Hyrax) |
| <input type="checkbox"/> Habit Appliance | <input type="checkbox"/> Haas Banded |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Haas Bonded |
| <input type="checkbox"/> Spinner | <input type="checkbox"/> Duplicate Models |
| <input type="checkbox"/> Rake | <input type="checkbox"/> Study Models (Sculpted & Soaped) |
| <input type="checkbox"/> Bonded Lingual Retainer | <input type="checkbox"/> Insurance Program |
| Specify _____ | <input type="checkbox"/> Crozat |
| <input type="checkbox"/> ALF | <input type="checkbox"/> W/Martin Crib |
| Specify _____ | |

ADDITIONAL ITEMS

- | | |
|--|--|
| <input type="checkbox"/> Anterior Bite Ledge | <input type="checkbox"/> Cuspid Rise |
| <input type="checkbox"/> Lingual Strengthene | <input type="checkbox"/> Hang Clasps |
| <input type="checkbox"/> Anterior Guidance | <input type="checkbox"/> Adams Clasps |
| <input type="checkbox"/> Ball Clasps | <input type="checkbox"/> Lap Springs |
| <input type="checkbox"/> C-Clasps | <input type="checkbox"/> Posterior Bite Pads |

FOR APPLIANCES NOT LISTED, PLEASE CONTACT LAB DIRECTLY



Notes:

Doctor's Signature: _____

License No: _____