

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 _____

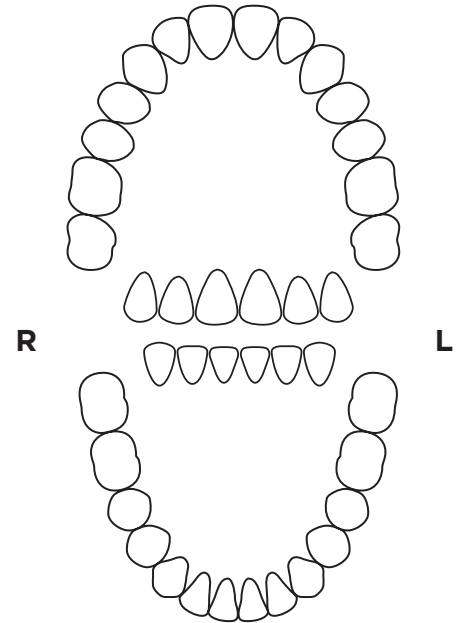
PATIENT NAME _____

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: _____


FUNCTIONALS

-
- Bionator
-
-
- Corrector
-
-
- Twin Block - Clark
-
-
- Twin Block - McNamara

APPLIANCE DESIGN	U	L
Open the Bite	<input type="radio"/>	<input type="radio"/>
Close the Bite	<input type="radio"/>	<input type="radio"/>
Maintain the Bite	<input type="radio"/>	<input type="radio"/>

ACTIVE DESIGNS

	U	L
Sagittal	<input type="radio"/>	<input type="radio"/>
Sagittal to Advance Anterior 2-2	<input type="radio"/>	<input type="radio"/>
3-Way Sagittal	<input type="radio"/>	<input type="radio"/>
Schwarz - Transverse	<input type="radio"/>	<input type="radio"/>
Nord Expander	<input type="radio"/>	
Phase II Appliance	<input type="radio"/>	
Fan Expander	<input type="radio"/>	
Acco - Cetlin	<input type="radio"/>	

EXPANSION OPTIONS

-
- No Screws Required
-
-
- Midline Screw Only
-
-
- 2 Midline Screws
-
-
- 2 Sagittal Screws
-
-
- Fan Expansion Screw
-
-
- Other Screw Design (specify) _____

ACCESSORIES

WIRE/CLASPS	U	L
Hawley Labial Bow	<input type="radio"/>	<input type="radio"/>
Adams Clasps	<input type="radio"/>	<input type="radio"/>
Ball Clasps	<input type="radio"/>	<input type="radio"/>
Arrow Clasps	<input type="radio"/>	<input type="radio"/>
C-Clasps	<input type="radio"/>	<input type="radio"/>

ACCESSORIES

Carve Brackets off Models	<input type="radio"/>	<input type="radio"/>
Labial Pads	<input type="radio"/>	<input type="radio"/>
HG Tubes .045	<input type="radio"/>	

ACRYLIC DESIGN OPTIONS

	U	L
Trim Posterior for Maximum Eruption	<input type="radio"/>	<input type="radio"/>
Trim as Diagrammed	<input type="radio"/>	<input type="radio"/>
Occlusal Coverage	<input type="radio"/>	<input type="radio"/>
Anterior Bite Plane	<input type="radio"/>	<input type="radio"/>
Acrylic to Bow	<input type="radio"/>	<input type="radio"/>

ACRYLIC COLORS

Acrylic Color - U _____	<input type="radio"/>
Acrylic Color - L _____	<input type="radio"/>

 SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

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

FAX (470) 239-7217

www.specialtyappliances.com