

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ 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

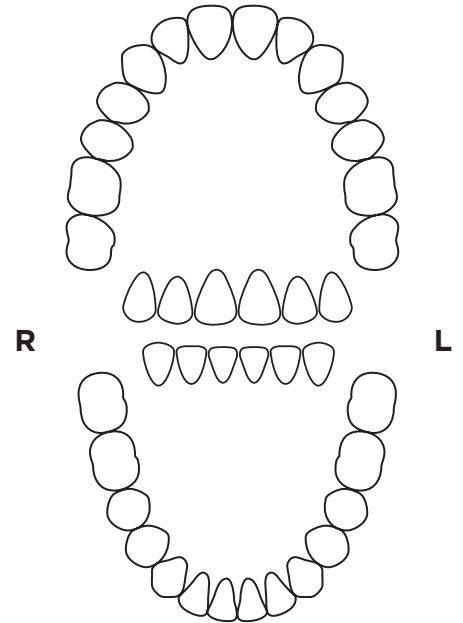
DIGITAL SCAN TAKEN WITH:
 iTero® Carestream CEREC

 TRIOS® Medit Other _____

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:** _____

FUNCTIONALS

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

APPLIANCE DESIGN

- | | U | L |
|-------------------|--------------------------|--------------------------|
| Open the Bite | <input type="checkbox"/> | <input type="checkbox"/> |
| Close the Bite | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintain the Bite | <input type="checkbox"/> | <input type="checkbox"/> |

ACTIVE DESIGNS

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

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="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"/> |
| C-Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| ACCESSORIES | | |
| Carve Brackets off Models | <input type="checkbox"/> | <input type="checkbox"/> |
| Labial Pads | <input type="checkbox"/> | <input type="checkbox"/> |
| HG Tubes .045 | <input type="checkbox"/> | |

ACRYLIC DESIGN OPTIONS

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

ACRYLIC COLORS

- Acrylic Color - U _____
- Acrylic Color - L _____

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

 (800) 522-4636
 www.specialtyappliances.com