

SEND: Rx FORMS MAILING LABELS SHIPPING SUPPLIES

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 EXPEDITED MANUFACTURING & SHIPPING

DIGITAL SCAN TAKEN WITH:

- iTero® Carestream 3M™ Medit
 TRIOS® Sirona Other _____

RETAINERS

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

SPRING DESIGNS

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

RESET TEETH PER DIAGRAM



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

CLASPING OPTIONS

	U	L
C-Clasps	<input type="radio"/>	<input type="radio"/>
Adams Clasps	<input type="radio"/>	<input type="radio"/>
Ball Clasps	<input type="radio"/>	<input type="radio"/>
Soldered C-Clasps	<input type="radio"/>	<input type="radio"/>
Other _____		

ACCESSORIES

	U	L
Finger Spring _____	<input type="radio"/>	<input type="radio"/>
Soldered Spring _____	<input type="radio"/>	<input type="radio"/>
Closing Spring _____	<input type="radio"/>	<input type="radio"/>
Holding Spurs _____	<input type="radio"/>	<input type="radio"/>
Helical Bow	<input type="radio"/>	<input type="radio"/>
Soldered Cuspid Hook	<input type="radio"/>	<input type="radio"/>
Habit	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Crib <input type="radio"/> Spurs <input type="radio"/> Bluegrass		
Space Closing Screw (Specify) _____		

ACRYLIC OPTIONS

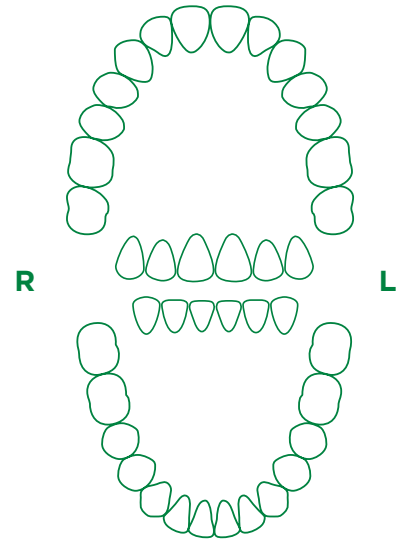
	U	L
Add Acrylic to Bow	<input type="radio"/>	<input type="radio"/>
Anterior Bite Plane	<input type="radio"/>	<input type="radio"/>
Posterior Bite Plane	<input type="radio"/>	<input type="radio"/>
Horseshoe Palate	<input type="radio"/>	<input type="radio"/>
Scallop Anteriors	<input type="radio"/>	<input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

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: _____



FIXED LINGUAL RETAINERS (FLR)

Placement of Retainer	U	L
Central - Central	<input type="radio"/>	<input type="radio"/>
Lateral - Lateral	<input type="radio"/>	<input type="radio"/>
Cuspid - Cuspid	<input type="radio"/>	<input type="radio"/>

Placement of Pads	U	L
Composite Pads on Each Tooth	<input type="radio"/>	<input type="radio"/>
Composite Pads on Distal Most Teeth	<input type="radio"/>	<input type="radio"/>
Mesh Pads on Each Tooth	<input type="radio"/>	<input type="radio"/>
Mesh Pads on Distal Most Teeth	<input type="radio"/>	<input type="radio"/>

Type of Wire	U	L
Round .028	<input type="radio"/>	<input type="radio"/>
.016 x .022 Braided	<input type="radio"/>	<input type="radio"/>
.016 x .022 Solid Stainless Steel	<input type="radio"/>	<input type="radio"/>

INVISIBLE RETAINERS

	U	L
Single Invisible Retainer	<input type="radio"/>	<input type="radio"/>
Guardian® 2	<input type="radio"/>	<input type="radio"/>
Guardian® 3	<input type="radio"/>	<input type="radio"/>
Guardian® 4	<input type="radio"/>	<input type="radio"/>

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

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