

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

Select Design Type

- | | | | |
|------------------------------------|--------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Horseshoe | <input type="checkbox"/> Full Palate | U | L |
| Hawley | | <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 DESIGNS

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

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="checkbox"/> | <input type="checkbox"/> |
| Adams Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Ball Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Soldered C-Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | | |

ACCESSORIES

- | | | |
|---|--------------------------|--------------------------|
| | U | L |
| Finger Spring _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Soldered Spring _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Closing Spring _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Holding Spurs _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Helical Bow | <input type="checkbox"/> | <input type="checkbox"/> |
| Soldered Cuspid Hook | <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) _____ | | |

ACRYLIC OPTIONS

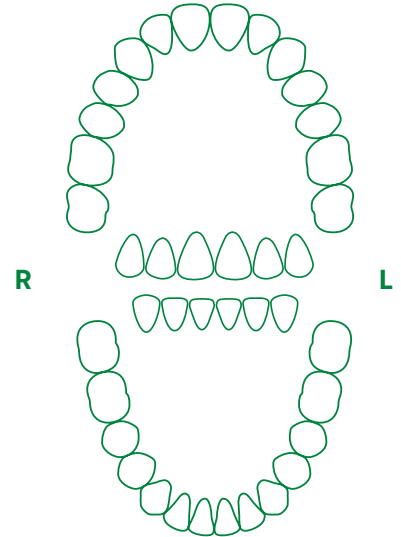
- | | | |
|----------------------|--------------------------|--------------------------|
| | U | L |
| Add Acrylic to Bow | <input type="checkbox"/> | <input type="checkbox"/> |
| Anterior Bite Plane | <input type="checkbox"/> | <input type="checkbox"/> |
| Posterior Bite Plane | <input type="checkbox"/>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

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="checkbox"/> | <input type="checkbox"/> |
| Lateral – Lateral | <input type="checkbox"/> | <input type="checkbox"/> |
| Cuspid – Cuspid | <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"/> |

INVISIBLE RETAINERS

- | | | |
|--|--------------------------|--------------------------|
| | U | L |
| Single Invisible Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| Guardian® 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| Guardian® 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| Guardian® 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| IR Express *5 Day Turnaround. See exclusions on page 2 | <input type="checkbox"/> | <input type="checkbox"/> |

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

(800) 522-4636
 www.specialtyappliances.com

4905 HAMMOND INDUSTRIAL DRIVE, CUMMING, GA 30041 • P.O. BOX 100005, CUMMING, GA 30028

IR EXPRESS

Bracket removal and shipping costs are included with IR Express. IR Express is fabricated with Zendura A .030 and has a 5 day turnaround time. IR Express does not include a printed model.

Exclusions:

Cases that require band, wire or expander removal, pontics, bonded retainers, anterior or posterior bite planes or Theroux do not qualify for IR Express. Material other than Zendura A .030 does not qualify for IR Express. Cases that are submitted analog (stone models/impressions) do not qualify for IR Express.