Canada Retainer Rx

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 _____

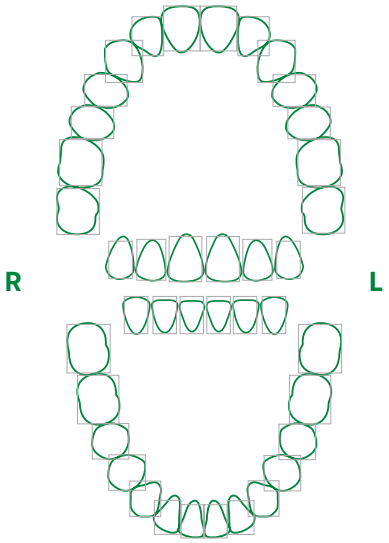
PHONE _____ EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ **DATE NEEDED*** REQUIRED

**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
◯ Horseshoe ◯ Full Palate

	U	L
Hawley	◯	◯
Flat Bow Hawley	◯	◯
Standard Wraparound	◯	◯
Flat Bow Wraparound	◯	◯
Tremont Wraparound	◯	◯
Specialty Wrap Design	◯	◯
Labial Bow Soldered to Clasps	◯	◯
Flat Bow Soldered to Clasps	◯	◯
ClearBow™ Hawley	◯	◯
Flipper (no bow)	◯	◯

RESET TEETH PER DIAGRAM

R 3 2 1 | 1 2 3 L
3 2 1 | 1 2 3

◯ Do Not Reset Teeth ◯ Reset Teeth Ideally
◯ Compromise Reset ◯ Do Not Strip Teeth

CLASPING OPTIONS

	U	L
C-Clasps	◯	◯
Adams Clasps	◯	◯
Ball Clasps	◯	◯
Soldered C-Clasps	◯	◯
Other _____		

ACCESSORIES

	U	L
Finger Spring _____	◯	◯
Soldered Spring _____	◯	◯
Closing Spring _____	◯	◯
Holding Spurs _____	◯	◯
Helical Bow	◯	◯
Soldered Cuspid Hook	◯	◯
Habit	◯	◯

◯ Crib ◯ Spurs ◯ Bluegrass

Space Closing Screw *(Specify)* _____

ACRYLIC OPTIONS

	U	L
Add Acrylic to Bow	◯	◯
Anterior Bite Plane	◯	◯
Posterior Bite Pane	◯	◯
Scallop Anteriors	◯	◯
Acrylic Saddle _____	◯	◯
Pontic Shade _____	◯	◯
Acrylic Color _____	◯	
Acrylic Color _____		◯

FIXED LINGUAL RETAINERS (FLR)

Placement of Retainer	U	L
Central – Central	◯	◯
Lateral – Lateral	◯	◯
Cuspid – Cuspid	◯	◯

Placement of Pads	U	L
Composite Pads on Each Tooth	◯	◯
Composite Pads on Distal Most Teeth	◯	◯
Mesh Pads on Each Tooth	◯	◯
Mesh Pads on Distal Most Teeth	◯	◯

Type of Wire	U	L
Round .028	◯	◯
.016 x .022 Braided	◯	◯
.016 x .022 Solid Stainless Steel	◯	◯

INVISIBLE RETAINERS

	U	L
Single Invisible Retainer	◯	◯
Guardian® 2	◯	◯
Guardian® 3	◯	◯
Guardian® 4	◯	◯

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE s/ _____

License # REQUIRED _____ Expiration mm/yy _____

(800) 522-4636
www.specialtyappliances.com
4905 HAMMOND INDUSTRIAL DRIVE, CUMMING, GA 30041 • P.O. BOX 100005, CUMMING, GA 30028