

W _____

A _____

T _____

DOCTOR: _____ PHONE: () _____

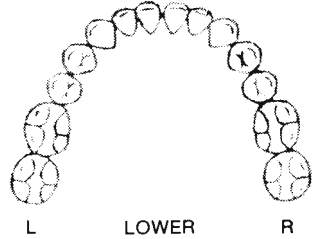
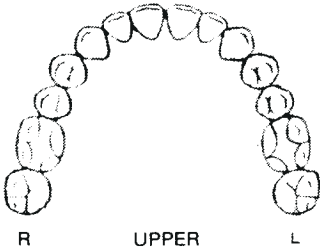
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE SHIPPED: _____

PATIENT: _____ DATE NEEDED _____

1 DAY BEFORE APPOINTMENT



COLOR Decal #

COLOR

REMOVABLE APPLIANCES

ARCH: UPPER LOWER

- SYMBOLS:**
- ADAMS CLASP: AD
 - ARROW CLASP: AR
 - BALL CLASP: B
 - BUCCAL TUBE CLASP: BT
 - CIRCUMFERENTIAL CLASP: C
 - BITE PLATE:
 - EXPANSION SCREW:
 - SPRING: DRAW OR SPECIFY TYPE

PONTIC SHADE: _____

SPRING ALIGNER UPPER LOWER
DETAIL RESET



FIXED

- 3x3 4x4 5x5 6x6 - SOLDERED LINGUAL ARCH
- SPACE MAINTAINER
- RAPID PALATAL EXPANDER HAAS RPE
- QUAD HELIX APPLIANCE
- NANCE BUTTON APPLIANCE
- TONGUE CRIB APPLIANCE

FUNCTIONAL APPL.

- TWIN BLOCK
- BIONATOR OTHER _____

STUDY MODELS

- COMPLETE COMPLETE NO POLISH
- POUR, TRIM, CARVE POUR, TRIM OTHER

OCCLUSAL RELATIONSHIP

CLASS _____ DIVISION _____

INSTRUCTIONS: _____

PLEASE SEND:

RX

HERBST RX

BOXES

LABELS

WHITE — LAB COPY

YELLOW — LAB COPY

PINK — DOCTOR'S COPY