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 Texas Dental Lab Reg.  
 #1442 FDA Reg.  
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LAB  
 www.fivestartho.com

FM 432-100-07

CALL DOCTOR  
 BEFORE FABRICATION


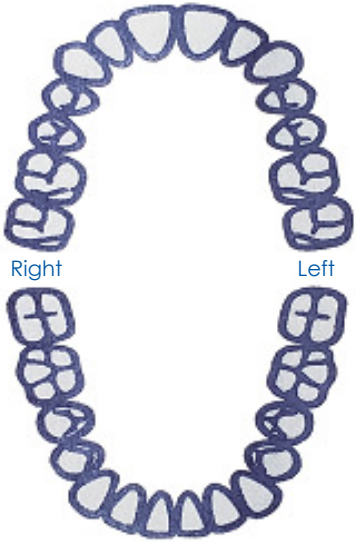


PHONE # \_\_\_\_\_

DOCTOR NO. \_\_\_\_\_  
 DOCTOR NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

ALL APPS WILL HAVE DUPLICATES  
 UNLESS CHECKED

NO DUPLICATE

<b>PATIENT NAME</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>AGE</b>	<b>DATE WANTED</b>
<b>ALIGNERS</b>		<b>DIAGNOSTIC SERVICES</b>	
<input type="checkbox"/> U <input type="checkbox"/> L Bioliner Plus <input type="checkbox"/> U <input type="checkbox"/> L Spring Hawley <input type="checkbox"/> Reset <input type="checkbox"/> Tooth Positioner		Ceph Interpretation/ <input type="checkbox"/> Cast Analysis by Bobby Middle  <input type="checkbox"/> Sassouni Plus/LVI <input type="checkbox"/> Sassouni Plus/Gerber <input type="checkbox"/> Rondeau <input type="checkbox"/> Bimler Plus <input type="checkbox"/> Other	
<b>RETAINERS</b>		<b>SPLINTS</b>	
<b>Removable</b> <input type="checkbox"/> U <input type="checkbox"/> L Hawley, Type _____ <input type="checkbox"/> U <input type="checkbox"/> L Essix (Clear Retainer)		<b>Upper</b> <input type="checkbox"/> Anterior Deprogrammer <input type="checkbox"/> Ferrar <input type="checkbox"/> Ferrari <input type="checkbox"/> U <input type="checkbox"/> L Nightguard	
<b>Fixed</b> <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> TPA <input type="checkbox"/> Nance <input type="checkbox"/> Combo <input type="checkbox"/> U <input type="checkbox"/> L 2x2, 3x3 <input type="checkbox"/> EZ Bond <input type="checkbox"/> Transfer Tray <input type="checkbox"/> U <input type="checkbox"/> L Band & Loop Lingual Arch _____ <input type="checkbox"/> Pontic: Tooth # _____ Shade _____		<b>Lower</b> <input type="checkbox"/> Neuromuscular: <input type="checkbox"/> Pull Forward <input type="checkbox"/> Gelb: <input type="checkbox"/> Neuro <input type="checkbox"/> Pull Forward <input type="checkbox"/> Tanner: <input type="checkbox"/> Neuro <input type="checkbox"/> Pull Forward	
<b>EXPANDERS/SAGITTALS</b>		<b>SLEEP</b>	
<b>Removable</b> <input type="checkbox"/> U <input type="checkbox"/> L Schwarz <input type="checkbox"/> 3way A / D <input type="checkbox"/> U <input type="checkbox"/> L Sagittal A / D		<input type="checkbox"/> EMA <input type="checkbox"/> Reverse Dorsal <input type="checkbox"/> TAP 1 <input type="checkbox"/> Dorsal <input type="checkbox"/> Telescoping Herbst <input type="checkbox"/> TAP 3 <input type="checkbox"/> Herbst <input type="checkbox"/> Thermafit <input type="checkbox"/> TAP Elite	
<b>Fixed</b> <input type="checkbox"/> U <input type="checkbox"/> L Wilson <input type="checkbox"/> NPE <input type="checkbox"/> U <input type="checkbox"/> L Barrel Sagittal <input type="checkbox"/> 3way A / D <input type="checkbox"/> U <input type="checkbox"/> L Jet Sagittal <input type="checkbox"/> 3way A / D <input type="checkbox"/> U <input type="checkbox"/> L Magill Sagittal A / D Spring / Tube <input type="checkbox"/> U <input type="checkbox"/> L CD Distalizer <input type="checkbox"/> 3way <input type="checkbox"/> U <input type="checkbox"/> L Arnold / E - Arch <input type="checkbox"/> RPE <input type="checkbox"/> Memory Gear <input type="checkbox"/> Mini <input type="checkbox"/> L Williams <input type="checkbox"/> Skeletal <input type="checkbox"/> U Pendulum <input type="checkbox"/> U Quad Helix		<div style="text-align: center;">  </div> <p>* See fivestartho.com for color chart</p>	
<b>FUNCTIONALS</b>			
<b>Removable</b> <input type="checkbox"/> Rickonator <input type="checkbox"/> Gear <input type="checkbox"/> Twin Block Gear <input type="checkbox"/> U <input type="checkbox"/> L			
<b>Fixed</b> <input type="checkbox"/> Rickonator <input type="checkbox"/> Gear <input type="checkbox"/> Mini Scope Gear <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Herbst Mara Gear <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Twin Block Gear <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Class III Hooks <input type="checkbox"/> Tandem Bow			
<b>BRACKETS</b>			
<input type="checkbox"/> U <input type="checkbox"/> L Indirect Bond Bracket Type _____ <input type="checkbox"/> U <input type="checkbox"/> L Molar Bands 1 <sup>st</sup> / 2 <sup>nd</sup> Size _____			

Instructions \_\_\_\_\_

**Doctor Preferences**

Signature \_\_\_\_\_ License \_\_\_\_\_ Date \_\_\_\_\_

DOCTOR APPROVAL REQUIRED