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 Texas Dental Lab Reg. #1442  
 FDA Reg. #1000118628

CALL DOCTOR  
 BEFORE FABRICATION


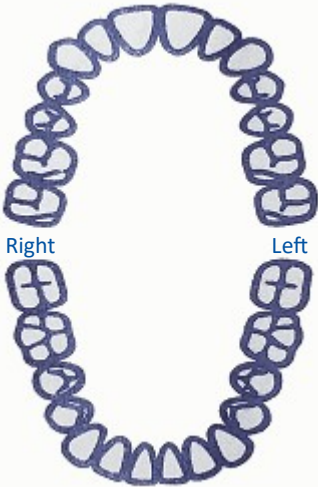


PHONE # \_\_\_\_\_

DOCTOR NO.  
 DOCTOR  
 ADDRESS

ALL CASES WILL HAVE MODELS  
 DUPLICATED 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 <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"/> Digital Study Models <input type="checkbox"/>		
FIXED	<b>EXPANDERS/SAGITTALS</b>		<b>FUNCTIONALS</b>	
	<input type="checkbox"/> U FS 3-Way (Fill Out Style) Transverse <input type="checkbox"/> Memory <input type="checkbox"/> Mini Gea Sagittal <input type="checkbox"/> Memory <input type="checkbox"/> Mini Gea <input type="checkbox"/> U LVI Anterior Remodeling Appliance <input type="checkbox"/> U <input type="checkbox"/> L Barrel 3-Way <input type="checkbox"/> Ant Drive <input type="checkbox"/> Distal Drive <input type="checkbox"/> U RPE <input type="checkbox"/> L Skeletal <input type="checkbox"/> U <input type="checkbox"/> L Williams <input type="checkbox"/> U Anterior Growth Appliance <input type="checkbox"/> U <input type="checkbox"/> L Jet 3-Way <input type="checkbox"/> Ant Drive <input type="checkbox"/> Distal Drive <input type="checkbox"/> U <input type="checkbox"/> L Magill Sagittal <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"/> U <input type="checkbox"/> L Wilson <input type="checkbox"/> U NPE <input type="checkbox"/> U Pendulum <input type="checkbox"/> U Quad Helix <input type="checkbox"/> Class 3 Hooks <input type="checkbox"/> Tandem Bow		<input type="checkbox"/> Rickonator <input type="checkbox"/> FS Gear <input type="checkbox"/> Gear in Acrylic <input type="checkbox"/> Mini Scope Herbst Gear <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Mara Gear <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Twin Block Gear <input type="checkbox"/> U <input type="checkbox"/> L	
	<b>RETAINERS</b>		<b>BRACKETS</b>	
	<input type="checkbox"/> U <input type="checkbox"/> L Hawley <input type="checkbox"/> Acrylic Cap <input type="checkbox"/> Wraparound <input type="checkbox"/> QCM <input type="checkbox"/> U <input type="checkbox"/> L Essix		<input type="checkbox"/> U <input type="checkbox"/> L IDB _____ <input type="checkbox"/> U <input type="checkbox"/> L Molar Bands 1st / 2nd	
	<b>EXPANDERS/SAGITTALS</b>		<b>RETAINERS</b>	
	<input type="checkbox"/> U <input type="checkbox"/> L Schwarz <input type="checkbox"/> 3way <input type="checkbox"/> 2 Gears A / D <input type="checkbox"/> U <input type="checkbox"/> L Sagittal A / D		<input type="checkbox"/> U <input type="checkbox"/> L 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 <input type="checkbox"/> U <input type="checkbox"/> L Lingual Arch _____ <input type="checkbox"/> Pontic: Tooth # _____ Shade _____	
	<b>FUNCTIONALS</b>		<input type="checkbox"/> Dentshield	
	<input type="checkbox"/> Rickonator <input type="checkbox"/> Gear <input type="checkbox"/> Twin Block <input type="checkbox"/> Gear <input type="checkbox"/> U <input type="checkbox"/> L			
	<b>SPLINTS</b>			
	<input type="checkbox"/> U <input type="checkbox"/> L Nightguard <input type="checkbox"/> Anterior Deprogramme <input type="checkbox"/> Ferrar <input type="checkbox"/> Ferrari 1 <input type="checkbox"/> Ferrari 2 <input type="checkbox"/> Gelb <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Tanner			
<b>*Please Select Clasps*:</b> <input type="checkbox"/> Adams _____ <input type="checkbox"/> Ball _____ <input type="checkbox"/> C Clasp _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Labial Bow				
<b>SLEEP</b>		<b>Instructions</b>		
<input type="checkbox"/> EMA <input type="checkbox"/> TAP 1 <input type="checkbox"/> TAP 3 <input type="checkbox"/> DreamTAP <input type="checkbox"/> w/ Therma-fit		_____ _____ _____		

DOCTOR APPROVAL REQUIRED

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