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(2656)

Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Lic. No. \_\_\_\_\_ Phone \_\_\_\_\_

Patient's Name \_\_\_\_\_  
(Please Print Clearly)Date Sent \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Needed \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(1 to 2 days before appt.)**RETAINERS**

<input type="checkbox"/> Hawley (3x3) Labial Arch	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Wraparound	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Wraparound Soldered to Clasp	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Ricketts	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> QCM	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Invisible (clear)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> .030 <input type="checkbox"/> .040 <input type="checkbox"/> Other	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower

Labial Gauge (specify)  .030  .032  .036  Flat BowTrim (anterior) Acrylic  Rounded  Scalloped Horseshoe  Other \_\_\_\_\_**CLASPS**

<input type="checkbox"/> Adams	<input type="checkbox"/> Ball	<input type="checkbox"/> Circumferential	<input type="checkbox"/> Arrow	<input type="checkbox"/> "U"
<input type="checkbox"/> "C" Clasp (Bicuspid)	<input type="checkbox"/> Soldered to Labial Arch	<input type="checkbox"/> Buccal Tube		
<input type="checkbox"/> Delta	<input type="checkbox"/> Occlusal Rest	<input type="checkbox"/> Other		

**OPTIONS**

<input type="checkbox"/> Pontic (Shade#) _____	<input type="checkbox"/> Habit (tongue) Rake	<input type="checkbox"/> Spur
<input type="checkbox"/> Finger Spring ("S" type)	<input type="checkbox"/> Soldered Elastic Hook	
<input type="checkbox"/> ("S" type) → Single/ Double Coil (circle)	<input type="checkbox"/> Soldered Spring	
<input type="checkbox"/> Reinforced Wire	<input type="checkbox"/> Acrylic on Labial	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/> Stabilizing "Crossover" Wires (pair) <input type="checkbox"/> Other _____		

**BITE PLANES**

<input type="checkbox"/> Anterior	<input type="checkbox"/> Posterior	<input type="checkbox"/> Inclined	<input type="checkbox"/> N.T.I.	<input type="checkbox"/> Incisal Cap
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**SPRING RETAINERS**

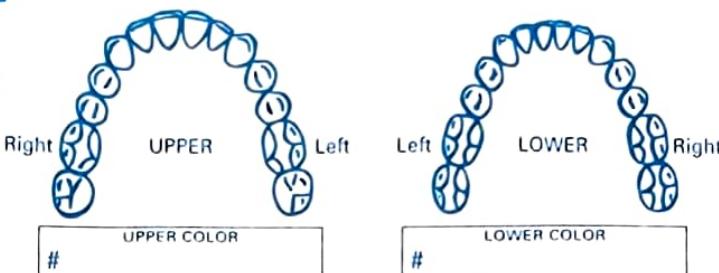
<input type="checkbox"/> Spring Ret. 3x3 (clip design)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Spring Ret. W/ Wire Extension	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Spring Ret. W/ Acrylic Extension (design clasps)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Super Modified w/ Mushroom Spring (design clasps)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Spring Ret. "Plus" (design clasps)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Reset Teeth (circle teeth)		
<input type="checkbox"/> Do Not Reset		
<input type="checkbox"/> Ideal Reset	R 321   123	L 321   123

**CLEAR ALIGNERS**(Tray Series)  Upper  Lower**SPLINTS/ BRUXISM**

<input type="checkbox"/> Upper	<input type="checkbox"/> Lower		
<input type="checkbox"/> Gelb/ Mora	<input type="checkbox"/> Tanner	<input type="checkbox"/> Sears	<input type="checkbox"/> Flat (full coverage)
<input type="checkbox"/> Auto- Repositioning	<input type="checkbox"/> Dual Laminate Talon (hard/ soft)		
<input type="checkbox"/> Add Lateral Excursion	<input type="checkbox"/> Add Clasps (specify)		
<input type="checkbox"/> Add Indexing (specify)			
<input type="checkbox"/> Athletic (rubber) Mouthguard	<input type="checkbox"/> Add Strap		

**APPLIANCE/Rx**

PLEASE DIAGRAM APPLIANCE BELOW

**SPECIAL INSTRUCTIONS**


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**METAL APPLIANCES**

<input type="checkbox"/> Lingual Arch	<input type="checkbox"/> 3x3	<input type="checkbox"/> 6x6	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Lingual Arch Regainer (w/ loops)			<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Bonded Lingual Arch w/pads	<input type="checkbox"/> No pads		<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Nance	<input type="checkbox"/> Add Loops	<input type="checkbox"/> Removable		
<input type="checkbox"/> Transpalatal Arch	<input type="checkbox"/> Removable			
<input type="checkbox"/> Quad Helix	<input type="checkbox"/> Bi-Helix	<input type="checkbox"/> "W" Arch	<input type="checkbox"/> Removable	
<input type="checkbox"/> Habit (vertical)	<input type="checkbox"/> Habit (palatal)	<input type="checkbox"/> Add Spurs	<input type="checkbox"/> Bluegrass	
<input type="checkbox"/> Unilateral Space Maintainer	<input type="checkbox"/> Fit Band on Model			
<input type="checkbox"/> RPE Hyrax (Hygienic)	<input type="checkbox"/> Ratchet	<input type="checkbox"/> Snaplock	<input type="checkbox"/> Mini	
<input type="checkbox"/> Super Screw	<input type="checkbox"/> Fan	<input type="checkbox"/> Haas (Acrylic)	<input type="checkbox"/> Add Soldered Crib	
<input type="checkbox"/> Add Soldered Extensions	<input type="checkbox"/> Acrylic (Bonded) RPE			
<input type="checkbox"/> Add Face Mask Hooks	<input type="checkbox"/> Add Soldered Rests			
<input type="checkbox"/> Add Arch Wire Tubes		<input type="checkbox"/> Lower Fixed Expander		
<input type="checkbox"/> Arnold Expander/ E. Arch (w/ Niti Coil)				

**MOLAR DISTALIZERS**

<input type="checkbox"/> Pendulum (no screw)	<input type="checkbox"/> Pendex (w/screw)
<input type="checkbox"/> T-Rex (screw w/ lock wires)	
<input type="checkbox"/> Penguin Pendulum	<input type="checkbox"/> Distal Jet
<input type="checkbox"/> Shamy	<input type="checkbox"/> Add Lingual Sheaths
<input type="checkbox"/> Cetlin	<input type="checkbox"/> ACCO
<input type="checkbox"/> Lip Bumper	
<input type="checkbox"/> Add Anterior Bite Plane	<input type="checkbox"/> Other _____

**ACTIVE PLATES**

<input type="checkbox"/> Schwartz	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Sagittal (diagram movement)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> One Way	<input type="checkbox"/> Two Way	<input type="checkbox"/> Three Way
<input type="checkbox"/> Nord	<input type="checkbox"/> Jackson	<input type="checkbox"/> Other _____

**FUNCTIONAL**

<input type="checkbox"/> Twin Block (Upper Screw)	<input type="checkbox"/> Twin Block (No Screw)
<input type="checkbox"/> Twin Block (McNamara)	<input type="checkbox"/> Twin Block (phase II)
<input type="checkbox"/> Bionator w/ Screw	<input type="checkbox"/> No Screw
<input type="checkbox"/> Open	<input type="checkbox"/> Close
<input type="checkbox"/> Close	<input type="checkbox"/> Maintain
<input type="checkbox"/> Add Headgear Tubes (pair)	<input type="checkbox"/> .045
<input type="checkbox"/> .051	
<input type="checkbox"/> Herbst (diagram design)	
<input type="checkbox"/> Crown	<input type="checkbox"/> Banded
<input type="checkbox"/> Cantilever	<input type="checkbox"/> Telescopic
<input type="checkbox"/> Other	<input type="checkbox"/> Acrylic

**PLEASE SEND**

<input type="checkbox"/> Prescription Sheets	
<input type="checkbox"/> Shipping Boxes	
<input type="checkbox"/> Mailing Bags	

Lab Use Only

PU BS

DP ML