



**DOBSON ORTHO LABORATORY, INC.**  
 2130 Hilton Drive, Suite B  
 Gainesville, GA 30501  
 Tel: (888) 599-7890 GA: (470) 290-8601  
 Fax: (470) 290-8600  
 dobsonortho.com

# Metal Rx

LAB USE ONLY
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EXPANDERS	Upper	Lower
Standard Mini RPE (2-arm)	<input type="checkbox"/>	<input type="checkbox"/>
Ratchet Mini RPE (2-arm)	<input type="checkbox"/>	<input type="checkbox"/>
Standard Hyrax RPE	<input type="checkbox"/>	
Ratchet Hyrax RPE	<input type="checkbox"/>	
Acrylic Bonded RPE	<input type="checkbox"/>	
<input type="checkbox"/> Add Debonding Loops		
Haas Expander	<input type="checkbox"/>	
Fan Expander	<input type="checkbox"/>	

HABIT APPLIANCES	Upper	Lower
Palatal Crib	<input type="checkbox"/>	
Vertical Crib	<input type="checkbox"/>	
<i>Include counter model</i>		
Rake with Spurs	<input type="checkbox"/>	
Bluegrass	<input type="checkbox"/>	

OTHER METALS	Upper	Lower
Quad Helix	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fixed <input type="checkbox"/> Removable		
W-Arch	<input type="checkbox"/>	
Porter Arch	<input type="checkbox"/>	<input type="checkbox"/>

HOLDING APPLIANCES	Upper	Lower
Nance Appliance	<input type="checkbox"/>	
Transpalatal Arch	<input type="checkbox"/>	
<input type="checkbox"/> Fixed <input type="checkbox"/> Removable		
Lingual Arch - with loops	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fixed <input type="checkbox"/> Removable		
Lingual Arch - no loops	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fixed <input type="checkbox"/> Removable		
Space Maintainer	_____	

ACCESSORIES	Upper	Lower
<input type="checkbox"/> Archwire Tubes .018	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Archwire Tubes .022	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head Gear Tubes .045		
<input type="checkbox"/> Face Mask Hooks		

ACRYLIC COLORS
<input type="checkbox"/> Clear
<input type="checkbox"/> Pink Tint
<input type="checkbox"/> Colors _____
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**SPECIAL INSTRUCTIONS**

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DOCTOR \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

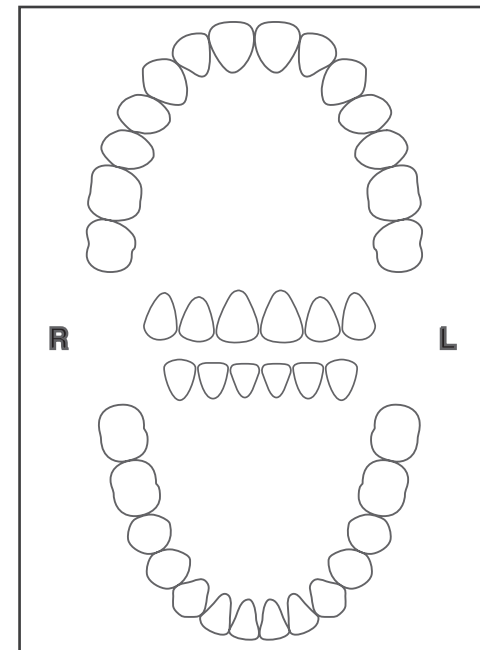
**DATE SHIPPED** \_\_\_\_\_ **DATE NEEDED\*** \_\_\_\_\_

\*Case will ship to arrive on or before the DATE NEEDED. If date needed is left blank, we will manufacture and ship appliance within 7 to 10 business days from date of receipt.

APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED

CONTACT ME REGARDING CASE  VIA PHONE  VIA EMAIL

CROWNS AND BANDS																		
<input type="checkbox"/> Lab Provides Crowns/Bands and Fits																		
<input type="checkbox"/> Crowns/Bands Enclosed with Case																		
<b>CIRCLE CROWNS TO BE SEATED</b>																		
R	<table style="margin: auto;"> <tr> <td style="border-right: 1px solid black;">7</td> <td style="border-right: 1px solid black;">6</td> <td style="border-right: 1px solid black;">5/e</td> <td style="border-right: 1px solid black;">4/d</td> <td style="border-right: 1px solid black;">d/4</td> <td>e/5</td> <td>6</td> <td>7</td> </tr> <tr> <td style="border-right: 1px solid black;">7</td> <td style="border-right: 1px solid black;">6</td> <td style="border-right: 1px solid black;">5/e</td> <td style="border-right: 1px solid black;">4/d</td> <td style="border-right: 1px solid black;">d/4</td> <td>e/5</td> <td>6</td> <td>7</td> </tr> </table>	7	6	5/e	4/d	d/4	e/5	6	7	7	6	5/e	4/d	d/4	e/5	6	7	L
7	6	5/e	4/d	d/4	e/5	6	7											
7	6	5/e	4/d	d/4	e/5	6	7											
<b>CIRCLE BANDS TO BE SEATED</b>																		
R	<table style="margin: auto;"> <tr> <td style="border-right: 1px solid black;">7</td> <td style="border-right: 1px solid black;">6</td> <td style="border-right: 1px solid black;">5/e</td> <td style="border-right: 1px solid black;">4/d</td> <td style="border-right: 1px solid black;">d/4</td> <td>e/5</td> <td>6</td> <td>7</td> </tr> <tr> <td style="border-right: 1px solid black;">7</td> <td style="border-right: 1px solid black;">6</td> <td style="border-right: 1px solid black;">5/e</td> <td style="border-right: 1px solid black;">4/d</td> <td style="border-right: 1px solid black;">d/4</td> <td>e/5</td> <td>6</td> <td>7</td> </tr> </table>	7	6	5/e	4/d	d/4	e/5	6	7	7	6	5/e	4/d	d/4	e/5	6	7	L
7	6	5/e	4/d	d/4	e/5	6	7											
7	6	5/e	4/d	d/4	e/5	6	7											
<b>OCCLUSAL RESTS - PLEASE DIAGRAM</b>																		
R	<table style="margin: auto;"> <tr> <td style="border-right: 1px solid black;">7</td> <td style="border-right: 1px solid black;">6</td> <td style="border-right: 1px solid black;">5/e</td> <td style="border-right: 1px solid black;">4/d</td> <td style="border-right: 1px solid black;">d/4</td> <td>e/5</td> <td>6</td> <td>7</td> </tr> <tr> <td style="border-right: 1px solid black;">7</td> <td style="border-right: 1px solid black;">6</td> <td style="border-right: 1px solid black;">5/e</td> <td style="border-right: 1px solid black;">4/d</td> <td style="border-right: 1px solid black;">d/4</td> <td>e/5</td> <td>6</td> <td>7</td> </tr> </table>	7	6	5/e	4/d	d/4	e/5	6	7	7	6	5/e	4/d	d/4	e/5	6	7	L
7	6	5/e	4/d	d/4	e/5	6	7											
7	6	5/e	4/d	d/4	e/5	6	7											
<b>CROWN OPTIONS</b>																		
<input type="checkbox"/> Vent Holes	<input type="checkbox"/> Debonding Holes																	
<input type="checkbox"/> Vertical Slits	<input type="checkbox"/> Occlusal Removed																	



**DR. SIGNATURE:**       /s/      

**LICENSE NUMBER:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_

	<p><b>SEND ADDITIONAL</b></p> <p><input type="checkbox"/> RX FORMS (AVAILABLE ON WEBSITE)</p> <p><input type="checkbox"/> PREPAID LABELS <input type="checkbox"/> SHIPPING BOXES</p>
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