

LAB USE ONLY

HAWLEY RETAINERS

	Upper	Lower
Hawley Standard	<input type="checkbox"/>	<input type="checkbox"/>
Flat Bow Hawley	<input type="checkbox"/>	<input type="checkbox"/>
Dual Loop Hawley	<input type="checkbox"/>	<input type="checkbox"/>
Standard Wraparound	<input type="checkbox"/>	<input type="checkbox"/>
Flat Bow Wraparound	<input type="checkbox"/>	<input type="checkbox"/>
Wrap Soldered to Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Flat Bow Soldered to Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Stabilizer Wires - Between	<input type="checkbox"/> 2-3	<input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5

CLASPING OPTIONS

- "C" Clasps
- Adams Clasps
- Ball Clasps
- Arrow Clasps
- Delta Clasps
- Sage Clasps
- Finger Clasps
- Soldered "C" Clasps

ACCESSORIES

- Finger Springs
- Holding Spurs
- Soldered Springs
- Bluegrass Roller
- Habit Crib
- Expansion Screw
- Mini-Screw
- Space Closing Screw

SPRING RETAINERS

	Upper	Lower
Spring Retainer 3x3	<input type="checkbox"/>	<input type="checkbox"/>
Spring Retainer 4x4	<input type="checkbox"/>	<input type="checkbox"/>
Modified with Mushroom Insert	<input type="checkbox"/>	<input type="checkbox"/>
Modified with Helix Coils Insert	<input type="checkbox"/>	<input type="checkbox"/>
3x3 with Wire Extensions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Use Hawley Style Loops on Labial Bow		

RESET TEETH CIRCLED ON DIAGRAM

- Do Not Reset
- Compromise Reset
- Reset Ideally
- Do Not Strip Teeth

3	2	1	1	2	3
3	2	1	1	2	3

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INVISIBLE RETAINERS

	Upper	Lower
1 Invisible Retainer	<input type="checkbox"/>	<input type="checkbox"/>
2 Invisible Retainers	<input type="checkbox"/>	<input type="checkbox"/>
3 Invisible Retainers	<input type="checkbox"/>	<input type="checkbox"/>
4 Invisible Retainers	<input type="checkbox"/>	<input type="checkbox"/>

MATERIAL THICKNESS OPTIONS

.030 .035 (standard) .040 .040 C+

ACTIVE DESIGNS

	Upper	Lower
Sagittal	<input type="checkbox"/>	<input type="checkbox"/>
Schwarz	<input type="checkbox"/>	<input type="checkbox"/>

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

TRIMMING OPTIONS

- Add Acrylic to Bow
- Anterior Bite Plane
- Posterior Bite Plane
- Horseshoe Trim
- Modified Horseshoe Trim
- Scalloped Anterior
- Acrylic Saddle _____

ACRYLIC COLOR OPTIONS

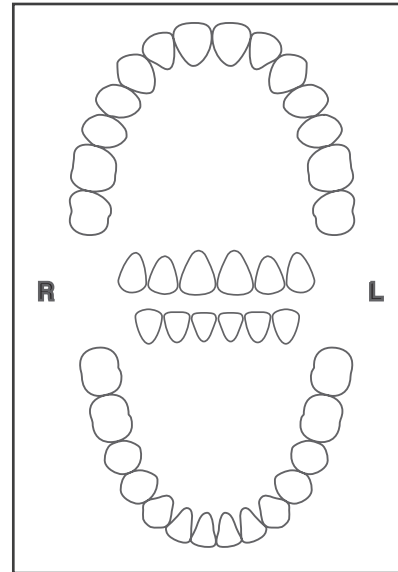
Upper Clear Pink Tint Color _____

Acrylic Design (Upper Only) _____

Add Pontic(s) Shade _____

Lower Clear Pink Tint Color _____

Add Pontic(s) Shade _____



SPECIAL INSTRUCTIONS

DR. SIGNATURE: /s

LICENSE NUMBER: _____ **EXPIRES:** _____

SEND ADDITIONAL

RX FORMS (AVAILABLE ON WEBSITE)

PREPAID LABELS SHIPPING BOXES