



DOBSON ORTHO LABORATORY, INC.
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Retainer Rx

| |
|--------------|
| LAB USE ONLY |
|--------------|

HAWLEY RETAINERS

| | Upper | Lower |
|------------------|--------------------------|--------------------------|
| Hawley Standard | <input type="checkbox"/> | <input type="checkbox"/> |
| Dual Loop Hawley | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Bow Hawley | <input type="checkbox"/> | <input type="checkbox"/> |

WRAPAROUND DESIGNS

| | Upper | Lower |
|-----------------------------|------------------------------|---|
| Standard Wraparound | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrap Soldered to Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Bow Wraparound | <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 |

SPRING RETAINERS

| | Upper | Lower |
|---|--------------------------|--------------------------|
| 3x3 Standard Design | <input type="checkbox"/> | <input type="checkbox"/> |
| 3x3 with Wire Extensions | <input type="checkbox"/> | <input type="checkbox"/> |
| Modified Spring/Hawley | <input type="checkbox"/> | <input type="checkbox"/> |
| Mushroom Spring Design | <input type="checkbox"/> | <input type="checkbox"/> |
| Helix Coil Spring Design | <input type="checkbox"/> | <input type="checkbox"/> |
| Super Modified Design | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Use Hawley Style Loops on Labial Bow | | |

RESET TEETH CIRCLED ON DIAGRAM

Do Not Reset Reset Ideally
 Compromise Reset Do Not Strip Teeth

| | | | | | |
|---|---|---|---|---|---|
| 3 | 2 | 1 | 1 | 2 | 3 |
| 3 | 2 | 1 | 1 | 2 | 3 |
| R | | | | | L |

ACTIVE DESIGNS

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

CLASPING OPTIONS

| | Upper | Lower |
|---------------------|--------------------------|--------------------------|
| "C" Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Adams Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Ball Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrow Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Delta Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Sage Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Finger Clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| Soldered "C" Clasps | <input type="checkbox"/> | <input type="checkbox"/> |

ACCESSORIES

Finger Springs
 Holding Spurs
 Soldered Springs
 Bluegrass Roller
 Habit Crib
 Expansion Screw
 Y-Plate / Bertoni Screw
 Space Closing / Retraction Screw

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

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

SEND ADDITIONAL

RX FORMS (AVAILABLE ON WEBSITE)
 PREPAID LABELS SHIPPING BOXES

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ **DATE REQ'D** _____

*Case will ship to arrive before the APPOINTMENT DATE.
Please account for transit time to/from your office.

APPT DATE* _____

APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED
 CONTACT ME REGARDING CASE VIA PHONE VIA EMAIL

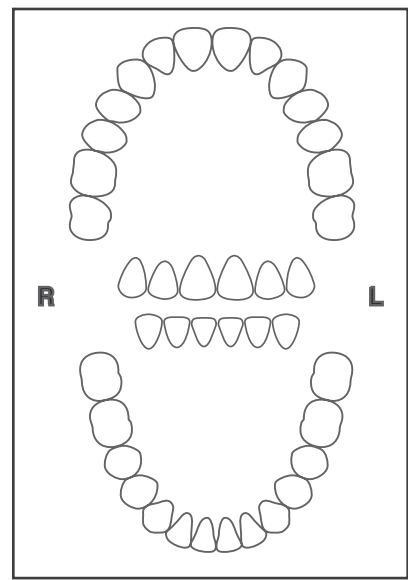
TRIMMING OPTIONS

Add Acrylic to Labial 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:** _____