



**DOBSON ORTHO LABORATORY, INC.**  
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 dobsonortho.com

# Retainer Rx

LAB USE ONLY
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**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
- Soldered Cuspid Hooks
- 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"/> Follow Gingival for Labial Loop Wire Design		

**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

**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"/>

**ACTIVE DESIGNS**

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

**MATERIAL THICKNESS OPTIONS**

.030 (standard)  .035  .040

**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 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**

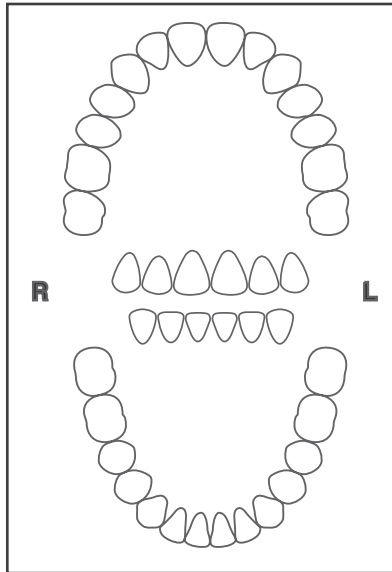
Upper  Clear  Pink Tint  Color \_\_\_\_\_

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:** \_\_\_\_\_