



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

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"/>

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"/>
3-Way / Y-Plate	<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
 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

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 Edentulous Block _____

ACRYLIC COLOR OPTIONS

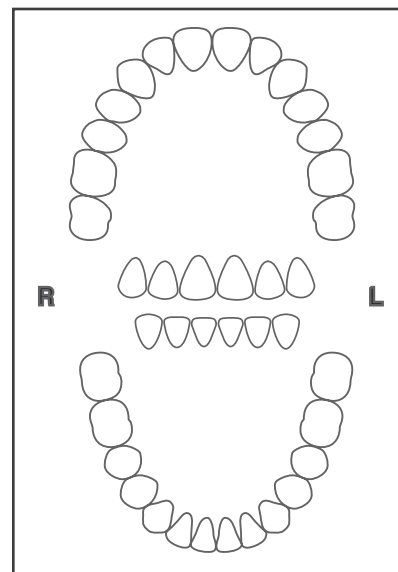
Upper Clear Pink Tint Color _____

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:** _____