

Doctor: \_\_\_\_\_ Office Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date Shipped: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Placement Date: \_\_\_\_\_

\*Case will ship to arrive on or before date needed.

\*Placement date is the actual appointment date.

## HAWLEY RETAINERS

- ☐ 3-3 Bow ☐ 2-2 Bow  
☐ Labial Bow Soldered to Clasps  
☐ Wraparound  
 Stabilizer Wires - Between  
☐ 2-3 ☐ 3-4 ☐ 4-5

## SPRING RETAINERS

- ☐ Spring Retainer ☐ 3x3 ☐ 4x4  
☐ 3x3 Spring Retainer with Wire Extensions

## MODIFIED SPRING ALIGNER

(with Mushroom Spring)

- ☐ 3-3 Bow ☐ 4-4 Bow  
☐ Labial Bow Soldered to Clasps

## OTHER RETAINERS

- ☐ Invisible Retainers / Essix  
☐ With Reset(s) (specify) \_\_\_\_\_  
☐ With Anterior Bite Plane  
☐ Add Pontic(s) Shade \_\_\_\_\_

## FLIPPER

- ☐ Add Pontic(s) Shade \_\_\_\_\_

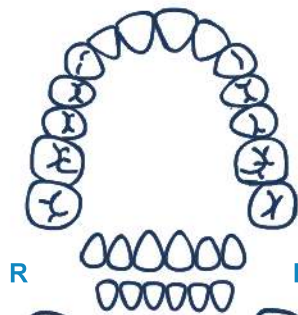
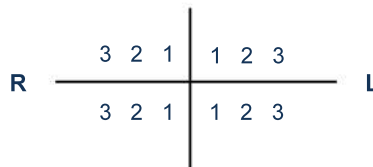
## CLASPING OPTIONS

- ☐ Adams Clasps  
☐ "C" Clasps  
☐ Ball Clasps  
☐ Soldered "C" Clasps to Bicusps  
☐ Arrow Clasps  
☐ Other \_\_\_\_\_

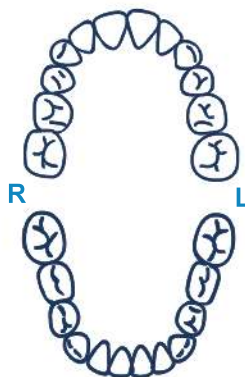
## ACCESSORIES

- ☐ Round Labial Bow  
☐ Flat Labial Bow  
☐ Soldered Cuspid Elastic Hooks  
☐ S-Spring or Z-Spring on the \_\_\_\_\_  
☐ S/Z-Spring with Helixes on the \_\_\_\_\_  
☐ Finger Springs Between the \_\_\_\_\_  
☐ Soldered Springs \_\_\_\_\_  
☐ Occlusal Rests on the \_\_\_\_\_  
☐ Expansion Screw  
☐ Habit Crib  
☐ Spinner Bead

Reset Teeth Circled on Diagram



ADULT



PEDO

## ACRYLIC OPTIONS

- ☐ Add Acrylic to Labial Bow  
☐ Anterior Bite Plane  
☐ Posterior Bite Plane  
☐ Horseshoe Palate  
☐ Full Palate  
☐ Scalloped Anteriors  
☐ Rounded Anteriors  
☐ Acrylic Saddle \_\_\_\_\_

## ACRYLIC COLOR OPTIONS

Upper Color # \_\_\_\_\_  
 Lower Color # \_\_\_\_\_  
 Add Pontic(s) Shade \_\_\_\_\_

## FIXED / FUNCTIONAL APPLIANCES

- ☐ Standard Hyrax RPE  
☐ Mini Screw Hyrax RPE  
  
☐ Haas RPE  
☐ Quad Helix  
☐ Bi-Helix  
☐ W-Arch  
☐ Habit Appliance ☐ Vertical Crib ☐ Palatal Crib  
☐ Bluegrass  
☐ Fixed Bite Plane  
☐ Lingual Holding Arch  
☐ with loops ☐ without loops  
☐ Space Maintainer ☐ with soldered arm(s)  
☐ Band and Loop  
☐ Distal Shoe  
  
☐ Transpalatal Arch  
☐ Nance Button  
☐ Schwarz  
☐ Sagittal ☐ 2 Screws ☐ 3 screws  
☐ Other Appliance \_\_\_\_\_

☐ Contact Me Regarding Case Via Phone \_\_\_\_\_ Via Email \_\_\_\_\_ Via Text \_\_\_\_\_

## SPECIAL INSTRUCTIONS:

Please Send ☐ Prescription Sheets ☐ Color Chart ☐ Shipping Boxes ☐ Other \_\_\_\_\_

Doctor Signature \_\_\_\_\_