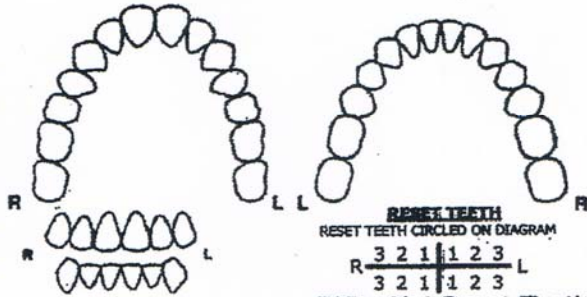


ORTHOPERFECT LLC

Phone me regarding this case

Doctor _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Patient _____
 Date Shipped _____
 Date Needed _____



RESET TEETH
 RESET TEETH CIRCLED ON DIAGRAM
 R 3 2 1 | 1 2 3 L
 3 2 1 | 1 2 3 L
 Do Not Reset Teeth
 Reset Ideally
 Compromise Reset
 Do Not Strip Teeth

Retainers

Hawley w/1 set Clasps (Choose)	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Wrap-Around Labial Wire	<input type="checkbox"/>	<input type="checkbox"/>
Labial Bow Soldered to Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Flat Bow Labial Wire	<input type="checkbox"/>	<input type="checkbox"/>
Invisible Retainer	<input type="checkbox"/>	<input type="checkbox"/>

Spring Retainers

Cuspid to Cuspid	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Bicuspid To Bicuspid	<input type="checkbox"/>	<input type="checkbox"/>
Spring/Hawley Combination (3-3)	<input type="checkbox"/>	<input type="checkbox"/>
Spring/Hawley Combination (4-4)	<input type="checkbox"/>	<input type="checkbox"/>

Bonded Lingual Retainer

1-1 (2 Teeth Bonded)	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
2-2 (4 Teeth Bonded)	<input type="checkbox"/>	<input type="checkbox"/>
3-3 (6 Teeth Bonded)	<input type="checkbox"/>	<input type="checkbox"/>
3-3 (Cuspids only)	<input type="checkbox"/>	<input type="checkbox"/>

Splints

Superior Repositioning Splint	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Flat Occlusal Splint	<input type="checkbox"/>	<input type="checkbox"/>
2mm Soft Splint	<input type="checkbox"/>	<input type="checkbox"/>
3mm Sports Guard	<input type="checkbox"/>	<input type="checkbox"/>
Bleach Guard	<input type="checkbox"/>	<input type="checkbox"/>

Active Plates

Schwartz Plate - 1 screw	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Schwartz Plate - 2 screws	<input type="checkbox"/>	<input type="checkbox"/>
Sagittal - 2 screws	<input type="checkbox"/>	<input type="checkbox"/>
Occlusal Coverage Requested	<input type="checkbox"/>	<input type="checkbox"/>
Twin Block	<input type="checkbox"/>	<input type="checkbox"/>
Open	<input type="checkbox"/>	
Maintain	<input type="checkbox"/>	

Acrylic Color

_____ Upper
 _____ Lower

Clasp Options

C - Clasps	<input type="checkbox"/>
Adams Clasps	<input type="checkbox"/>
Ball Clasps	<input type="checkbox"/>
Arrow Clasps	<input type="checkbox"/>
Soldered Clasps (Choose)	<input type="checkbox"/>

Herbst

Banded Design	<input type="checkbox"/>
Stainless Steel Crowns	<input type="checkbox"/>
Acrylic Design	<input type="checkbox"/>
Add RPE screw	<input type="checkbox"/>
Add Expansion to Lower	<input type="checkbox"/>

Fixed Appliances

Crib	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Rake	<input type="checkbox"/>	<input type="checkbox"/>
Nance	<input type="checkbox"/>	<input type="checkbox"/>
TPA	<input type="checkbox"/>	<input type="checkbox"/>
Space Maintainer	<input type="checkbox"/>	<input type="checkbox"/>
6x6 Lingual Arch	<input type="checkbox"/>	<input type="checkbox"/>
Pendulum	<input type="checkbox"/>	<input type="checkbox"/>
Pendex	<input type="checkbox"/>	<input type="checkbox"/>
Quad Helix	<input type="checkbox"/>	<input type="checkbox"/>
1 Arm Bandit	<input type="checkbox"/>	<input type="checkbox"/>
Pedo Partial	<input type="checkbox"/>	<input type="checkbox"/>
Shade _____		

Expanders

RPE - Hyrax	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
RPE - Haas	<input type="checkbox"/>	<input type="checkbox"/>
Bonded RPE - McNamara	<input type="checkbox"/>	<input type="checkbox"/>
Lower Expander	<input type="checkbox"/>	<input type="checkbox"/>

Accessories

Finger Spring	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Soldered Spring	<input type="checkbox"/>	<input type="checkbox"/>
Soldered Hook	<input type="checkbox"/>	<input type="checkbox"/>
Add Expansion Screw	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Tooth Added	<input type="checkbox"/>	<input type="checkbox"/>
Shade _____		
Anterior Bite Plate	<input type="checkbox"/>	<input type="checkbox"/>
Posterior Bite Plate	<input type="checkbox"/>	<input type="checkbox"/>
Add Archwire Tubes	<input type="checkbox"/>	<input type="checkbox"/>

Study Models

Pour, trim, soap	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Add Labels	<input type="checkbox"/>	<input type="checkbox"/>
Pour, trim only	<input type="checkbox"/>	<input type="checkbox"/>

Notes



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