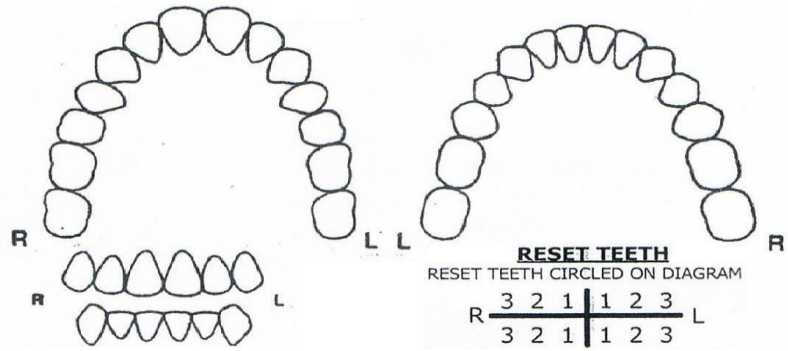




Doctor: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone: _____
 Patient: _____
 Date Shipped: _____
 Date Needed: _____



- Do Not Reset Teeth
- Reset Ideally
- Compromise Reset
- Do Not Strip Teeth

Date needed should be at least 3 days before appointment date

Fixed Appliances

- | | | |
|------------------|--------------------------|--------------------------|
| Crib | <input type="checkbox"/> | <input type="checkbox"/> |
| Rake | <input type="checkbox"/> | <input type="checkbox"/> |
| Nance | <input type="checkbox"/> | <input type="checkbox"/> |
| TPA | <input type="checkbox"/> | <input type="checkbox"/> |
| Band and Loop | <input type="checkbox"/> | <input type="checkbox"/> |
| 6x6 Lingual Arch | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixed Bite Plate | <input type="checkbox"/> | <input type="checkbox"/> |
| Distal Shoe | <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 _____ | | |

Digital Files:

- | | |
|----------------------|--------------------------|
| Scan Models | <input type="checkbox"/> |
| Print Models | <input type="checkbox"/> |
| Send STL Files | <input type="checkbox"/> |
| Email Address: _____ | |

Expanders

- | | | |
|-----------------------|--------------------------|--------------------------|
| RPE – Hyrax | <input type="checkbox"/> | |
| RPE – Haas | <input type="checkbox"/> | |
| Bonded RPE – McNamara | <input type="checkbox"/> | |
| Lower Expander | <input type="checkbox"/> | |
| Spider Fan RPE | <input type="checkbox"/> | |
| W-Arch | <input type="checkbox"/> | <input type="checkbox"/> |
| E-Arch | <input type="checkbox"/> | <input type="checkbox"/> |

Telescoping Herbst

- | | |
|------------------------|--------------------------|
| Banded Design | <input type="checkbox"/> |
| Rollo Bands | <input type="checkbox"/> |
| Acrylic Design | <input type="checkbox"/> |
| Add RPE Screw | <input type="checkbox"/> |
| Add Expansion to Lower | <input type="checkbox"/> |

Fixed Distilizers

- | | | |
|-----------------------------|--------------------------|--------------------------|
| Pendelum | <input type="checkbox"/> | |
| Pendex | <input type="checkbox"/> | |
| Distal jet | <input type="checkbox"/> | |
| IPC (Inman power Component) | <input type="checkbox"/> | <input type="checkbox"/> |

Accessories

- | | | |
|----------------------|--------------------------|--------------------------|
| Face Mask Hooks | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Gear Tubes | <input type="checkbox"/> | <input type="checkbox"/> |
| Lingual Sheaths | <input type="checkbox"/> | <input type="checkbox"/> |
| Soldered Hooks | <input type="checkbox"/> | <input type="checkbox"/> |
| Archwire Tubes | <input type="checkbox"/> | <input type="checkbox"/> |
| Send Shims | <input type="checkbox"/> | |
| 1mm: _____ | | |
| 2mm: _____ | | |
| 3mm: _____ | | |
| Add Lingual Arch | <input type="checkbox"/> | <input type="checkbox"/> |
| Add TPA | <input type="checkbox"/> | <input type="checkbox"/> |
| Add Extensions to 7s | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: _____

