

Your full service dental laboratory!



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- PLEASE PHONE ME CONCERNING THIS CASE APPLIANCE REPLACEMENT INSURANCE

DOCTOR DATE SENT ADDRESS CITY PROVINCE POSTAL CODE TELEPHONE PATIENT'S NAME AGE

- PLEASE SEND SUPPLIES: RX SHEETS SHIPPING BAGS SHIPPING WAYBILLS EXTRA PROGRESS REPORTS SHIPPING BOXES EXTRA APPLIANCE KEYS

ORTHODONTICS

FUNCTIONAL APPLIANCES

- BIONATOR I - To Open II - To Close III - To Maintain ORTHOPEDIC CORRECTOR I - To Open II - To Close III - To Maintain FRANKEL Type HERBST Type MARA Type TWIN BLOCK Type OTHER

REMOVABLE APPLIANCES

- HAWLEY RETAINER Upper Lower ESSIX 3-3 7-7 DENT-A-LIGNER Upper Lower HAWLEY SPRING RETAINER Upper Lower ANTERIOR SPRING RETAINER INMAN ALIGNER Upper Lower CROSSBITE APPLIANCE Upper Lower DEPROGRAMMER Type OTHER

PROTEC PALATE PLEAZERS 34

Type

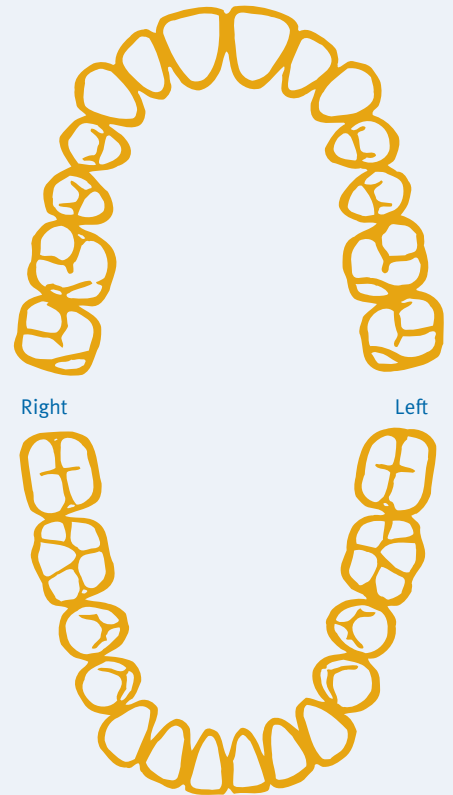
ACTIVE PLATES

- SAGITTAL Upper Lower TRANSVERSE Upper Lower SPLIT PLATE Occlusal Pads SCHWARZ Occlusal Pads Upper Lower JACKSON Upper Lower FAN EXPANSION Upper Lower 3-D SCREW Upper Lower 3 SCREW COMBINATION Upper Lower BIOBLOCK Type OTHER

FIXED APPLIANCES

- SPACE MAINTAINER Upper Lower LINGUAL ARCH Upper Lower 3-3 4-4 5-5 NANCE APPLIANCE E-E 6-6 LOWER FIXED SAGITTAL E-E 6-6 BONDED LINGUAL RETAINER 3-3 V LOOP LINGUAL RETAINER HYRAX R.M.E. Banded Bonded Haas DISTAL JET APPLIANCE PENDEX APPLIANCE THUMB SUCKING APPLIANCE TONGUE THRUST APPLIANCE BLUE GRASS APPLIANCE QUAD HELIX Upper Lower STRAIGHT WIRE APPLIANCE 6-6 7-7 Upper Lower INDIRECT BONDING Upper Lower WILSON 3-D Type OTHER

APPLIANCE DESIGN



SPLINTS

- NIGHTGUARD Upper Lower ORTHOTIC Type GELB SPLINT HARD-SOFT SPLINT Upper Lower PROFLEX SPLINT Upper Lower NTI PROFLEX SPLINT DAMON SPLINT SOFT SPLINT Upper Lower SAFE-T-FLEX LAMINATED MOUTHGUARD Light Standard Heavy Upper Lower BLEACHING TRAY Upper Lower SNORING / SLEEP APNEA APPLIANCE Type OTHER

SET-UPS

- PARTIAL SET-UP Upper Lower FULL ARCH SET-UP Upper Lower COMPLETE DIAGNOSTIC SET-UP

MODELS

- WORKING MODELS ORTHODONTIC STUDY MODELS ORTHODONTIC MODELS - TRIM ONLY DUPLICATE MODELS

SPECIAL INSTRUCTIONS:

DOCTOR'S SIGNATURE: TOP - LABORATORY COPY BOTTOM - DOCTOR'S COPY