



*Experience the difference...  
your patients will appreciate  
the results!*



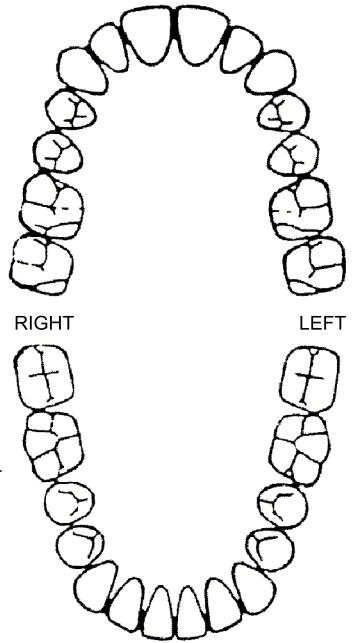
DL #0001147

Dr. Name \_\_\_\_\_ Patient Name \_\_\_\_\_  
 Address \_\_\_\_\_ Patient appt. \_\_\_\_\_  
 City \_\_\_\_\_ Email \_\_\_\_\_  
 State/Zip \_\_\_\_\_ License # \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**RX**

- U L Hawley
- U L Wraparound
- U L Modified Spring Ret. reset 

21	12
21	12
- U L Schwartz
- U L Sagital
- U L 3-Way
- U L Splint
- U L Quad
- U L Linqual Arch
- U L Habit Appliance
- U L Hyrax
- U L Space Maintainer
- U L Pedo Partial Shade \_\_\_\_\_
- U L Fixed Sagital
- U L W-Arch
- U L Bionator-Twin Block-0C1-0C2
- U L Herbst-Crowns \_\_\_\_\_ Bands \_\_\_\_\_ Tubes \_\_\_\_\_
- U L Ball Clasps (Between) \_\_\_\_\_
- U L Adams Clasps (Teeth) \_\_\_\_\_
- U L C-Clasps (Teeth) \_\_\_\_\_
- U L Elbow (Between) \_\_\_\_\_
- U L Soldered C-Clasps (Teeth) \_\_\_\_\_
- U Springs (Teeth) \_\_\_\_\_
- L Springs (Teeth) \_\_\_\_\_



**COLORS:**

- Regular Upper \_\_\_\_\_ Lower \_\_\_\_\_
- Tropical Upper \_\_\_\_\_ Lower \_\_\_\_\_
- Neon Upper \_\_\_\_\_ Lower \_\_\_\_\_
- Electric Upper \_\_\_\_\_ Lower \_\_\_\_\_
- Graphic Upper \_\_\_\_\_ Lower \_\_\_\_\_
- Custom Upper \_\_\_\_\_ Lower \_\_\_\_\_

Special Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>LAB USE</b>	
<i>Tech. Int.</i>	
Wire _____	
Acyl _____	
Trim _____	
Pol _____	
Pak _____	

**DENTIST SIGNATURE** \_\_\_\_\_

3953 NW 126th Avenue • Coral Springs, FL 33065 • (954) 340-8477  
 A Certified Dental Laboratory

**CALL TOLL FREE 1-800-289-0118**

FM4-431-001-001

<p>MW _____</p> <p>Reset _____</p> <p>Clasp _____</p> <p>Bow _____</p> <p>Screw _____</p> <p>Wire _____</p> <p>Ling Comp _____</p> <p>Coil _____</p> <p>Band _____</p> <p>Spot Weld _____</p> <p>Solder _____</p> <p>Splint/ Bio _____</p> <p>Pontic set _____</p> <p>Acrylic _____</p> <p>Final QC _____</p>	<p>BD _____</p> <p>TO _____</p> <p>CUT _____</p> <p>ALL _____</p> <p>SAND _____</p> <p>P/P _____</p>	<p>Impressions ↑ _____ ↓ _____</p> <p>Trays: Metal Disposable</p> <p>Models ↑ _____ ↓ _____</p> <p>Bands: Yes _____ No _____</p> <p>Appliance: Yes _____ No _____</p> <p>Technician _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: auto;"> <tr> <td style="text-align: center;">321</td> <td style="text-align: center;">123</td> </tr> <tr> <td style="text-align: center;">Broken Teeth</td> <td style="text-align: center;">321 123</td> </tr> </table>	321	123	Broken Teeth	321 123
321	123					
Broken Teeth	321 123					

<p>Appliance _____</p> <p>Models _____</p> <p>Trays _____</p> <p>Kit# _____</p> <p>Misc _____</p> <p>Tech _____</p> <p>Notes _____</p> <p>_____</p> <p>_____</p>	<p>↑ _____ ↓ _____</p> <p>↑ _____ ↓ _____</p> <p>↑ _____ ↓ _____</p>
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**Materials contained in final restoration:**

- Fixed appliance: Contains Stainless Steel Wires, Stainless Steel Bands, Silver Solder and can contain Acrylic.
- Removable Appliance: Contains Stainless Steel Wires, Acrylic, And could contain Silver Solder in rare circumstances but most wire connections are Laser Welded.
- Pressure Formed Mouth Guard or Night Guard: Contains Ethylene-Vinyl Copolymer (EVA).
- Invisible Retainer / Transfer Tray: Contains either Copolyester (Essix A Materials) or Polypropylene – Ethylene Copolymer (Essix C Materials)