INTERNAL USE ONLY

DATE RX RECEIVED IN LAB

Expert Orthodontic Appliances
6740 E. Hampden Ave. Suite 205
Denver, CO 80224
PH: 303-758-0130
Email: expertortho@gmail.com

DR:

RX DATE:

ADDRESS:

PATIENT APPOINTMENT DATE and TIME:

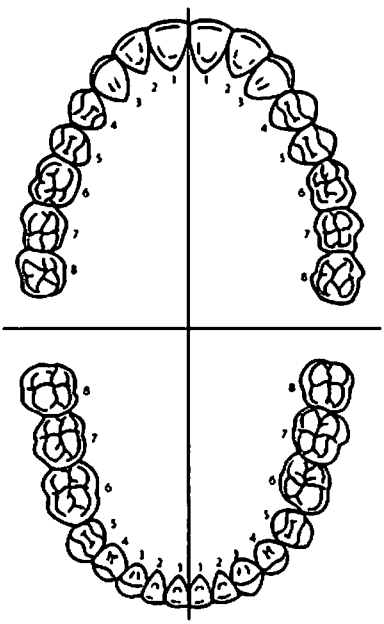
CITY/ZIP:

PHONE:

PATIENT NAME:

LIC#:

CIRCLE APPROPRIATLY



HAWLEY RETAINER
Standard / Warp Around /+ Ant. Bite Plane

INVISIBLE RETAINER / Add Pontic?

EXPANDER
Quad Helix / RES / Hyrax / Haas / Schwarz / 2-Way / 3-Way / T-Rex / Other

FIXED APPLIANCE / SPACE MAINTAINERS
Band and Loop / Nance / Lingual Arch / Halterman / TPA / Other _____

SPLINT – Hard / Hard-Soft

CLASPS / HOOKS / SPRINGS / WIRES
Adams / Ball / 'C' / Hook / Finger / Mushroom / Helix / Rests / Wires

ACRYLIC COLOR / SPARKLES (Y/N)

ADDITIONAL INFO

TOP COPY – LAB BOTTOM COPY – OFFICE
PLEASE NOTE: Incomplete information will result in a delayed delivery of the case