

# REMOVABLE / FIXED APPLIANCE / PRESCRIPTION

- PHONE ME CONCERNING THIS CASE
- SPECIAL INSTRUCTIONS ON FILE
- INSURANCE
- ORTHODONTIC STUDY MODELS
- DUPLICATE CASTS

- PLEASE SEND:
- Rx SHEETS
  - MAILING LABELS
  - SHIPPING BOXES



Dr. \_\_\_\_\_

Address \_\_\_\_\_

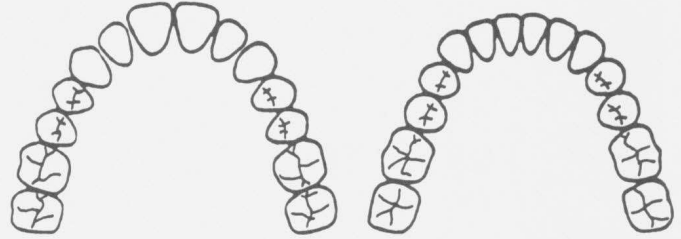
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Patient \_\_\_\_\_

Date Shipped \_\_\_\_\_

Date Needed \_\_\_\_\_



R UPPER L L LOWER R

ACRYLIC COLOUR (REFER TO SHADE GUIDE)  CLEAR ANTERIOR/PINK POSTERIOR  CLEAR  PINK TINT  DECAL  GLITTER

## REMOVABLE APPLIANCES

- |                                 |                          |                          |
|---------------------------------|--------------------------|--------------------------|
| HAWLEY                          | Upper                    | Lower                    |
| Labial Bow plus 1 set of clasps | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 set of clasps plus welded bow | <input type="checkbox"/> | <input type="checkbox"/> |
| Circumferential                 | <input type="checkbox"/> | <input type="checkbox"/> |
| San Antonio                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                     | <input type="checkbox"/> | <input type="checkbox"/> |

### CLASPS:

Indicate location on diagram using the following legend:

- |                  |   |
|------------------|---|
| A - Adams Clasps | AR - Arrow Head                         |
| B - Ball Clasps  | O - Other (Please diagram)              |
| C - "C" Clasps   | <input type="checkbox"/> Labial Acrylic |
| D - Delta Clasps |   |

## FIXED APPLIANCES (Soldered to your bands or ours)

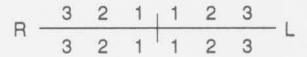
- Lingual Arch  Fixed  Removable
- Uni  3-3  V-Loop  Mandy  4-4  6-6
- Rapid Palatal Expansion
  - Hygenic  Haas  Bonded
- Transpalatal Arch  Fixed  Removable
- Lip Bumper
  - Elastic Tubing  Labial pads
- Quad Helix
  - Fixed  Removable
- Habit Device  Thumb  Tongue
- Open Coil Fixed Appliances  Upper  Lower
- Other \_\_\_\_\_

## SPRING RETAINERS

- |                              |                          |                          |
|------------------------------|--------------------------|--------------------------|
|                              | Upper                    | Lower                    |
| 3 x 3 Cuspid to Cuspid       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 x 4 Bicuspids to Bicuspids | <input type="checkbox"/> | <input type="checkbox"/> |
| Spring/Hawley (combination)  | <input type="checkbox"/> | <input type="checkbox"/> |

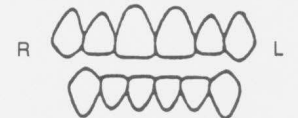
### SET-UP Circle teeth to be reset

- Do no reset any teeth
- Reset teeth ideally
- Reset teeth as necessary for compromise alignment
- Over correct rotations as indicated on diagrams



### STRIPPING

- Do not strip teeth
- Strip contacts as necessary for ideal alignment
- Strip contacts slightly as indicated on diagram



## MOLAR DISTALIZERS

- |   |   |
|---|---|
| <input type="checkbox"/> Distal Jet       | <input type="checkbox"/> Lab Bands  |
| <input type="checkbox"/> Hilgers Pendulum | <input type="checkbox"/> Dr's Bands   |
| <input type="checkbox"/> Other _____      | <input type="checkbox"/> Midline Screw <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Coil Springs
- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> TMA Wire  | <input type="checkbox"/> Lab Bands  |
| <input type="checkbox"/> S.S. Wire | <input type="checkbox"/> Dr's Bands |

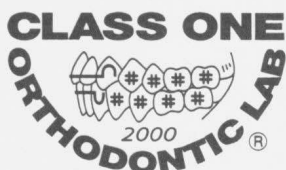
## CROZATS

- Basic
- Complex

## WILSON 3 D MODULAR APPLIANCES

- |   |  |
|---|--|
| <input type="checkbox"/> 3D Bimetric Distilizing Arch     | <input type="checkbox"/> 3D Quad Action Mandibular Appliance |
| <input type="checkbox"/> 3D Multiaction Palatal Appliance | <input type="checkbox"/> 3D Lingual Arch                     |

Special Instructions \_\_\_\_\_



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 EMAIL: classoneortho@shaw.ca  
 www.classoneortho.ca

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