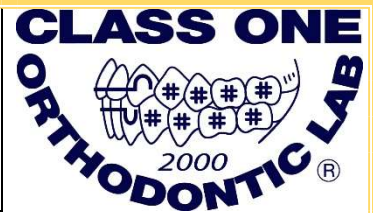


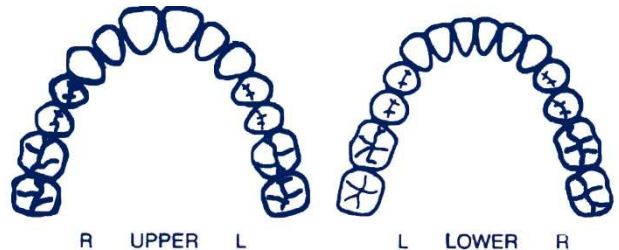
# REMOVABLE / FIXED APPLIANCE / PRESCRIPTION

- ☐ Phone Me Concerning this Case
- ☐ Special Instructions on File
- ☐ Insurance Required
- ☐ Patient Has Insurance
- ☐ Duplicate Casts

- PLEASE SEND:
- ☐ RX Sheets
  - ☐ Mailing Labels
  - ☐ Plastic Bags
  - ☐ Shipping Boxes



Dr \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Patient \_\_\_\_\_  
 Date Shipped \_\_\_\_\_  
 Date Required \_\_\_\_\_  
 Patient Booked Yes ☐ No ☐ Time: AM ☐ PM ☐ Date \_\_\_\_\_



## REMOVABLE APPLIANCES

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

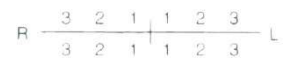
- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Lingual Arch               | <input type="checkbox"/> Fixed          | <input type="checkbox"/> Removable   |
| <input type="checkbox"/> Uni                        | <input type="checkbox"/> 3-3            | <input type="checkbox"/> V-Loop      |
| <input type="checkbox"/> Rapid Palatal Expansion    | <input type="checkbox"/> Mandy          | <input type="checkbox"/> 4-4         |
|   | <input type="checkbox"/> 6-6            |                                      |
|   | <input type="checkbox"/> Hygenic        | <input type="checkbox"/> Haas        |
|   | <input type="checkbox"/> Bonded         |                                      |
| <input type="checkbox"/> Transpalatal Arch          | <input type="checkbox"/> Fixed          | <input type="checkbox"/> Removable   |
| <input type="checkbox"/> Lip Bumper                 | <input type="checkbox"/> Elastic Tubing | <input type="checkbox"/> Labial Pads |
| <input type="checkbox"/> Quad Helix                 | <input type="checkbox"/> Fixed          | <input type="checkbox"/> Removable   |
| <input type="checkbox"/> Habit Device               | <input type="checkbox"/> Thumb          | <input type="checkbox"/> Tongue      |
| <input type="checkbox"/> Open Coil Fixed Appliances | <input type="checkbox"/> Upper          | <input type="checkbox"/> Lower       |
| <input type="checkbox"/> Other                      |   |                                      |

## SPRING RETAINERS

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

## SET-UP Circle teeth to be reset

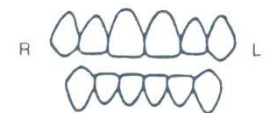
- ☐ Do not reset any teeth
- ☐ Reset teeth ideally



- ☐ 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"/> S.S. Wire | <input type="checkbox"/> Lab Bands | <input type="checkbox"/> Dr's Bands |
|-----------------------------------|------------------------------------|------------------------------------|-------------------------------------|

## CROZATS

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Basic   | <input type="checkbox"/> 3D Bimetric Distilizing Arch     |
| <input type="checkbox"/> Complex | <input type="checkbox"/> 3D Multiaction Palatal Appliance |

## WILSON 3D MODULAR APPLIANCES

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

Acrylic Colour (refer to shade guide) ☐ Clear Anterior/Pink Posterior ☐ Clear ☐ Pink Tint ☐ Decal ☐ Glitter ☐ Other  
 Special Instructions \_\_\_\_\_

If you are out of Prescription forms you can download at [www.classonedentallab.com](http://www.classonedentallab.com)