

## Removable Appliance Prescription Form

<b>Practice:</b> _____	<b>Patient:</b> _____
<b>Address:</b> _____	<b>Date Sent:</b> _____
_____	<b>Due Date:</b> _____

Retainers		
Hawley Retainer.....	U	L
3x3      2x2		
Simplified Wraparound.....	U	L
Wraparound Soldered to Clasps.....	U	L
Invisible Retainer.....	U	L
Plus      Ace      C+		

Clasps & Extras		
Ball Clasps.....	U	L
Adams Clasps.....	U	L
"C" Clasps.....	U	L
Occlusal Rests....	U	L
Soldered "C" to bicuspid	U	<input type="checkbox"/> L
Other: _____	U	L
Flat Bow.....	U	L
Finger Spring .....	U	L
Stabilizing Wires: Upper	_____	
Lower	_____	

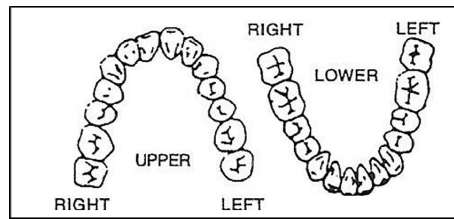
Spring Retainers		
Standard 3x3 Spring.....	U	L
Standard 3x3 Spring w/ Wire Extensions.....	U	L
Modified Spring Aligner.....	U	L
Super Spring.....	U	L
Super Spring w/ Helix Coils	U	L
Super Spring w/ Mushroom	U	L

Reset Teeth:	
Do Not Reset.....	
Partial Reset.....	
Ideal Reset.....	
R	L
3 2 1   1 2 3	3 2 1   1 2 3
3 2 1   1 2 3	3 2 1   1 2 3

Add Pontics:
Shade: _____
Replace tooth:
_____
_____

<b>Acrylic Trim &amp; Design:</b>	-Horseshoe Trim	-Posterior Bite Plane.....
-Acrylic in Edentulous Area	-Acrylic on Labial Bow of Upper Lower	-Anterior Bite Plane.....
Acrylic Color: _____		-Scalloped Anterior Acrylic
		Place Decal: _____

<b>Special Instructions</b>	_____
	_____



3D Printing:	
Low Profile Model	
Upper	Lower
Full Palate Model	
Upper	Lower

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Doctors Signature: _____	Date: _____
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