

Dr. Name _____

Address _____

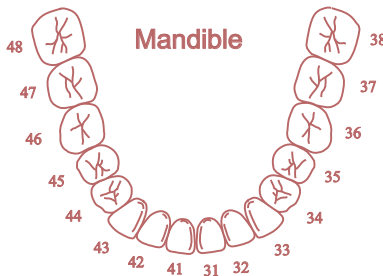
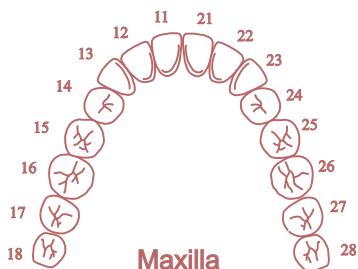
Patient _____ / _____

First

Last

Male Female Age _____

Deliver case by 4:30pm on _____



Splints

Talon* Hard Acrylic Dual-Laminates

- Flat Full Function (Cuspid Rise)
- Slavicek (Hard) Luko TMJ (Hard)
- Gelb

Bleaching / Fluoride Trays

Removable

Schwartz

Hawley Standard Soldered Wraparound

Spring Aligner Reset Flanges Clasps

Bite Plane Anterior Posterior

Bionator to open bite to close bite

Sagittals 2 screws 3 screws

Activator

Acrylic Colour Red* Sparkles Stickers

Anti Snoring Appliances

- SUAD*
- Snorestopper
- Fixed Position ASD
- COOK ASD

Mouthguards

*The **IMPACT** ABSORBER

- Recreational (Single layer)
- Heavy (Double layer)
- Professional (Tripple layer)

Colour

- Black Red Blue White Clear
- Green Yellow Orange Purple

- Black-Yellow-Red
- Black-White-Red
- Black- Orange
- Yellow-Green-Yellow
- Red-White
- Red-White (with Maple Leaf)
- Red-Black
- Red-White-Blue
- Red-White-Green
- Red-White-Red
- Red-White-Red (with Maple Leaf)

Fixed

3-3 0.032 Wire Twisted Bonding Pads Transfer Tray

Band Loop

- Space Maintainer
- Space Regainer

RPE Hyrax Hass Bonded

Lingual Arch

Nance Button

Habit Breaker

- Thumb Sucking
- Tongue Thrusting

**Impact's Standard unless otherwise specified !!*

Specific Instructions:

Send more Rx-Pads Ortho C&B Dentures

Dr's Signature _____