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PLEASE CLEARLY PRINT OR TYPE PRESCRIPTION

Remember the appliance you get can only be as good as the model we receive

		Date:	20	
Or:		Lic. No		
Address:	Ci	ty: State Z	Zip	
Date Sent:	Please allow time for a	nail, weekends, holidays and fabrication. Doctor's Signature		
Patient's Name:				
attent 5 Panie.				
Retainers/Removable Please Design Retainer Below		Space Maintainers □ Band and Loop		
☐ Upper☐ Hawley☐ Spring Reset Teeth☐	□ Lower	□ Nance	•	
□ Hawley □	Wrap Around Hawley	□ LLHA with Adjustment I	Loops (Standard)	
Other	Crossbite Appliance	□ LLHA no loops □ R	demovable LLHA	
Acrylic Color		Other		
,		Habit Applia	nces	
Night Guards			□ Thumb with Loops	
Standard Night Guard has no ball clasps		□ Thumb with P	□ Thumb with Prongs	
Please send wax bite for Ni	ght Guard Equilibration	Number of Rows		
□ Upper	□ Lower	□ Tongue Fer		
☐ Standard Hard Night Guard		☐ Blue Grass R		
☐ Night Guard with four ball clasps ☐ Soft Interior/Hard Exterior Guard		Other		
☐ Heat Softening Hard Night Guard				
□ Soft Night Guard □ Athletic Guard		Expansion □ Hyrax Rapid Palatal Expander (RPE)		
		☐ Hyrax Rapid Palatal Ex ☐ Snap Lock ™ RP	xpander (KPE)	
Bleaching Trays Upper Lower		□ Protraction Hooks □ Oua	□ Protraction Hooks □ Quad Helix Expander	
d Opper d Lower		Distal Je		
Splints		□ Pendulum □	Pendex	
□ Lower Splint	ri Post Contact	□ T-Rex		
□ Upper Splint	□ Ant Contact			
	□ Full Contact	Acrylic Color		
Finished Study Models		Other		
□ Soaped Finish □ Satin Finish				
□ Rough Trim Study		Herbst		
Please send wax bite with study models		Please Use Herbst Press	Please Use Herbst Prescription Form	
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	Please	Design Case Here		
red r		is below to design your case and we will be happy to cons		



