



ORTHODYNE LABORATORIES INC.

P.O. Box 1332, Rockville, Maryland 20849-1332 (301) 279-0040

FUNCTIONAL APPLIANCE PRESCRIPTION

DOCTOR _____

ADDRESS _____

STATE/ZIP _____ PHONE _____

LICENSE NO. _____

DATE SHIPPED _____ PLACEMENT DATE _____

PATIENT'S NAME

Bionator:

- to open bite
- to close bite
- to maintain bite

Please Diagram Appliance Below

Orthopedic Corrector:

- to open bite
- to close bite
- to maintain bite

Frankel

Type _____

Activator

Type _____

Sagittal

- 2-way mand max
- 3-way mand max

Transverse

- max mand
- 1 screw 2 screw

Schwartz

- max mand
- 1 screw 2 screw

Omit occlusal coverage

Jackson

Splint

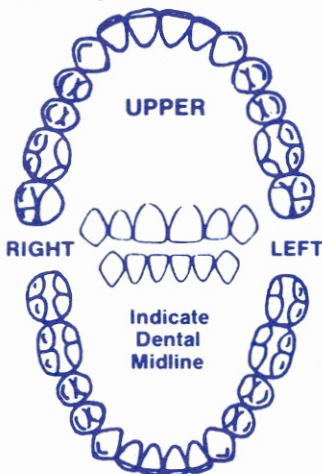
- Gelb
- full contact
- other

Herbst

- banded
- bonded

Acrylic

- pinktone clear



Special Instructions:

Please send: mailing labels
 prescriptions boxes