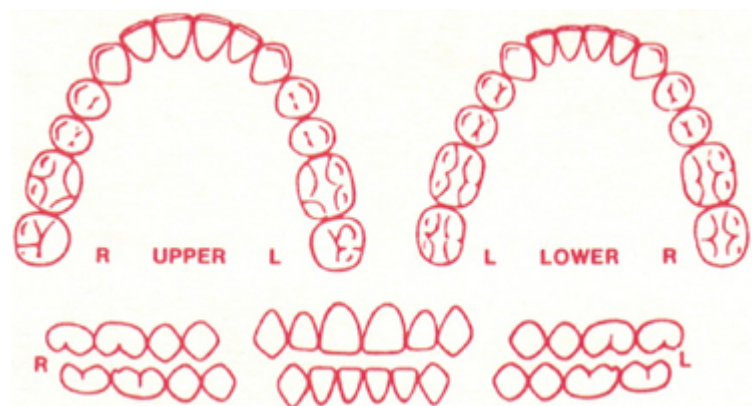


**DOCTOR:**   
**PATIENT'S NAME:**   
**EMAIL:**   
**LICENSE NO:**   
**ADDRESS/CITY:**   
**STATE/ZIP:**  **PHONE:**   
**DATE SHIPPED:**   
**APPT DAY**

If you prefer to draw your appliance please print this Rx and fax to 301-279-0865

Please enter the Name of File you are going to Upload AFTER you fax your appliance form:

RUSH  
 AM  PM



### Retainers

Upper  Lower  Wraparound Clasps  
 Adams  Arrow  Ball  C  Other   
 Springs  Finger  O  Soldered  S  
 Bile Plate  Anterior  Posterior  Incline  
**Plastic Pontic Tooth Shade**   
**Habit Rake Type**   Bead   
 Screws  8mm  11mm  Fan  
 3-way Carve Bands  Yes  No  
 Shamy  Cetlin  Other

### Fixed Appliances

Transpalatal Bar  
 Lingual Arch  
 Bonded Lingual Retainer  
 3x3 w/2 pads  3x3 w/6 pads  
 Nance  
 Space Maintainer  
 Habit Type   
 Quad Helix  
 W expansion  
 Hass  
 RPE  
 Bonded RPE

### Functional Appliances

Sagittal  
 2-way  Mand  Max  
 3-way  Mand  Max  
 Schwartz  Mand  Max  
 Omit occlusal coverage  
 Twin Block  
 Bionator  
 Herbst  
**SPLINTS**  
 Flat Plane  
 Cuspid Rise  
 Hard/Soft

### Spring Aligner

3x3  4x4  Modified  Extension  Reset  
 Leave as is  Do Not Strip  Strip contacts as indicated  
 Invisible  Tooth  Tooth Shade

Direct Bond w/Tray 3x3  
 Pendex  
 Pendulum  
 Distal Jet  
 Jet Expander  
 Bluegrass  
 Tandem  
 Other

#### RESET TEETH

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uper	Uper	Uper	Uper	Uper	Uper
R3	R2	R1	L1	L2	L3
3	2	1	1	2	3
<b>R</b>					<b>L</b>
3	2	1	1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower	Lower	Lower	Lower	Lower	Lower
L3	L2	L1	R1	R2	R3

### Acrylic

Pinktone  Clear  Other   
 Decal

### Digital or Printed Models

Both  Upper  Lower  
 Minimal base 3-5mm per arch  
 Full base 2 3/4" (70mm) total height

### Special Instructions:

**Please Send :**  Mailing labels  Prescriptions  Boxes

**Please enter the Name of File you are going to Upload:**

**Click on File Upload in the Menu AFTER you Send this Email Form!**

Toll Free: 1-800-814-0040 / Phone: (301)-279-0040 / Fax: (301)-279-0865 / Email: [orthodynelab@att.net](mailto:orthodynelab@att.net) / URL: [www.orthodynelab.com](http://www.orthodynelab.com)  
For US Postal Service: P.O. Box 1332 • Rockville, MD 20849-1332 / For Private Carriers: 771 East Gude Drive • Rockville, MD 20850  
Content copyright 2020. Orthodyne Laboratories Incorporated. All rights reserved. / By [RWS](#)