Case No.

SWOL
STRAIGHT WIRE ORTHODONTIC LAB

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www.straightwirelab@gmail.com
straightwirelab@gmail.com

Doctor_____ Date _____

Address_____

City_____ State_____ Zip_____

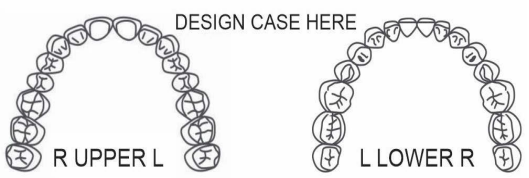
DUE DATE_____ Chair Time_____ A.M._____P.M._____

PATIENTS NAME

First Name Middle Last Name

Instructions

	U	L
Standard Hawley	☐	☐
Essix	☐	☐
Wraparound	☐	☐
RPE	☐	☐
Phase I Hawley	☐	☐
TPA	☐	☐
Schwartz	☐	☐
Pendulum	☐	☐



_____ ACRYLIC COLOR _____

Clasps & Options

	U	L
"C" Clasps on 4s	☐	☐
Ball Clasps	☐	☐
Adams Clasps	☐	☐
"C" Clasps on ___	☐	☐
Spring on ___	☐	☐
Pontic on___ Shade___	☐	☐
Reset # ___	☐	☐

Notes:

SPACE MAINTAINERS

Nance Button ☐ Lingual Arch ☐ Unilateral ☐

Distal Shoe ☐ Band Tooth #_____ Replace Tooth #_____

All appliances are warranted for **60 days** from date manufactured.
Office will be responsible for accuracy of working cast.
Please send white & yellow copies to laboratory, retain pink copy for file.