HUDSON'S ORTHODONTIC LABORATORY

We're In Your Neighborhood

(619) 585-9622 • (619) 335-3300 • *hudsons3dlab@gmail.com*

"Retaining Your Business Since 1992"

Doctor / Clinic's Name : _____ Phone : _____

Patient's Name : _____

Today's Date : _____ Due Date : _____ Time by 5 p.m.

Five-day or More Turnaround • Rush Available For Extra Charge

Schedule Patient After Lab Due Date

❒ Place ID in Retainer

Removable

❒ Upper ❒ Hawley

❒ Lower ❒ Wraparound

❒ Bionator ❒ Spring Hawley

❒ Place Finger Springs as needed

❒ Bite Plate

❒ Schwartz

❒ 3-Way ❒ Invisalign / Essix Type Retainer

❒ Sagittal ❒ Flipper + Shade _____

❒ Ant. Push ❒ Color _____

❒ Post. Push

Fixed

❒ Space Maintainer

❒ Nance ❒ Transpalatal Arch.

❒ Lingual / Arch Upper / Lower

❒ Bonded Wire

❒ Rapid Palatal Expander

❒ Slimline / Stealth RPE

❒ Quad Helix

❒ Habit Appliance (Thumb - Tongue)

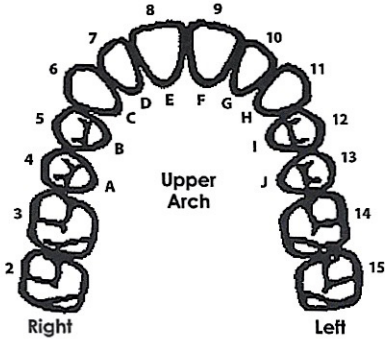
Nightguards

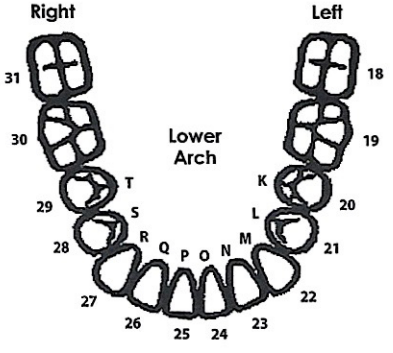
❒ Nightguard / Flat Plane

❒ Nightguard-TMD / Cuspid Rise

❒ Nightguard Soft Hard / Thermoform

❒ Sports Mouth Guard





INSTRUCTIONS _____

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Doctor Signature License

White Copy - Lab • Yellow Copy - Dentist