

PLEASE CLEARLY PRINT OR TYPE PRESCRIPTION

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

Date: _____ 20 _____

Dr: _____ Lic. No. _____

Address: _____ City: _____ State _____ Zip _____

Please allow time for mail, weekends, holidays and fabrication.

Date Sent: _____ Date Needed: _____ Doctor's Signature _____

Patient's Name: _____

Retainers/Removable

Please Design Retainer Below

- ☐ Upper ☐ Lower
☐ Hawley ☐ Wrap Around Hawley
☐ Spring Reset Teeth ☐ Crossbite Appliance
Other _____
Acrylic Color _____

Night Guards

Standard Night Guard has no ball clasps

Please send wax bite for Night Guard Equilibration

- ☐ Upper ☐ Lower
☐ Standard Hard Night Guard
☐ Night Guard with four ball clasps
☐ Soft Interior/Hard Exterior Guard
☐ Heat Softening Hard Night Guard
☐ Soft Night Guard ☐ Athletic Guard

Bleaching Trays

- ☐ Upper ☐ Lower

Splints

- ☐ Lower Splint ☐ Post Contact
☐ Upper Splint ☐ Ant Contact
☐ Full Contact

Finished Study Models

- ☐ Soaped Finish
☐ Satin Finish
☐ Rough Trim Study

Please send wax bite with study models

Space Maintainers

- ☐ Band and Loop
☐ Nance
☐ LLHA with Adjustment Loops (Standard)
☐ LLHA no loops ☐ Removable LLHA
Other _____

Habit Appliances

- ☐ Thumb with Loops
☐ Thumb with Prongs
Number of Rows _____
☐ Tongue Fence
☐ Blue Grass Roller
Other _____

Expansion

- ☐ Hyrax Rapid Palatal Expander (RPE)
☐ Snap Lock™ RPE ☐ Mini RPE
☐ Protraction Hooks ☐ Quad Helix Expander
☐ Distal Jet
☐ Pendulum ☐ Pendex
☐ T-Rex

Acrylic Color _____

Other _____

Herbst

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Precision Orthodontic & Dental Lab

PO Box 9200

Pueblo, CO 81008

E-Mail: Precisionlab@hotmail.com

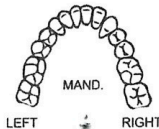
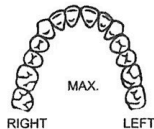
Web Page: www.PrecisionOrthodonticLabs.com

719-565-9484 • 719-251-1363

Fax: 719-948-5428

Please Design Case Here

If the appliance you need is not listed above, please use the arches below to design your case and we will be happy to construct your appliance.



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