



**Get  
Wired**

Orthodontic Lab Inc.

ph. **780-966-WIRE**  
**(9473)**

[www.getwiredortho.com](http://www.getwiredortho.com)

Dr. \_\_\_\_\_ Date \_\_\_\_\_

Date & Time Required \_\_\_\_\_

Patient \_\_\_\_\_

Specific Instructions \_\_\_\_\_

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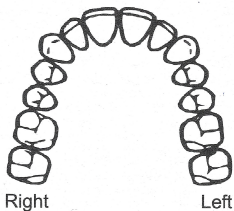
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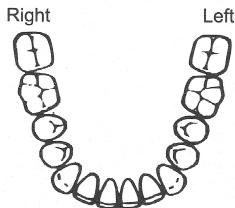
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\_\_\_\_\_  
Signature

Upper and Lower models with wax bite required for all  
appliances if occlusion is a factor in the fabrication.



Maxillary



Mandibular