

Doctor: _____ Patient: _____

Office: _____ Phone: _____

Address: _____ Date Sent: _____

Doctor's Signature: _____ License# _____

Date Wanted

- Send Rx Pads
 Send Boxes

U L RETAINERS

- Hawley w/ Ball Clasps
- Hawley w/ "C" Clasps
- Hawley Adams Clasps
- Hawley w/o Clasps
- Circumferential (wraparound)
- 3x3 Clip
- Anterior Bite Plate w/ Ball Clasps
- Essix (invisible retainer)

U L ACCESSORIES

- Labial Acrylic
- "Z" Spring
- "Z" Spring w/ Helix
- Add Anterior Bite Plate
- Add Plastic Tooth/Teeth SHADE: _____

U L SPRING RETAINERS

- Modified Spring Retainer (GOOD)
- Modified Spring Retainer +2 (BETTER)
- Super +2 Spring Retainer (BEST)
- Clasps Type _____
- Reset Tooth/Teeth # _____

FIXED APPLIANCES

- 6x6 Lingual Arch w/ Loops
- 6x6 Lingual Arch w/out Loops
- Nance Appliance
- TPA
- Bonded 3x3
- Space Maintainer
- Habit Appliance
 - Mouth
 - Thumb
- Distal Shoe
- Bluegrass

FIXED EXPANDERS

- Standard R.P.E.
- Standard R.P.E. w/ Acrylic Pads
- Haas R.P.E.
- Quad Helix
- Standard Bonded R.P.E.
- Schwarz
 - with Bite Plate

PLASTER STUDY MODELS

- Finished: Angles, Sculptured, Soaped & Polished
- Unfinished: Angles & Sculptured
- Rough: Angles Only

U L SPLINTS & OPTIONS

- ClearSPLINT (Hard/Soft) Night Guard
- All Hard Acrylic Splint
- ClearSPLINT Day Guard
 - Anterior Guidance
 - Flat Plane
 - No Clasps
 - Add Ball Clasps as Indicated (For All Hard Splints Only)
 - Use Enclosed VO Bite & Do Not Change Opening

ATHLETIC MOUTH GUARDS

- (Fabricated on the Upper Arch)
- Pro Form Athletic Mouth Guard
 - Standard Mouth Guard
 - Add Helmet Strap

ACRYLIC COLOR OPTIONS

TRANSLUCENT

- Rose (standard)
- Caribbean Blue
- Teal
- Emerald Green
- Pink
- Apple Green
- Cobalt Blue
- Light Violet
- Turquoise

TROPICAL

- Blue
- Lime Green
- Yellow
- Purple
- Red
- Orange
- Pink

SPARKLE

- Blue
- Aqua
- Orange
- Silver
- Purple
- Multi-Color

NEON GLOW

- Teal
- Purple
- Pink
- Blue
- Yellow

PLEASE CALL BEFORE STARTING THIS CASE

SPECIAL INSTRUCTIONS

Instructions For Fillable PDF :

- 1) Download this file to your computer. Remember the name and location of the file.
- 2) Open the form in Adobe Acrobat Reader.
- 3) Fill out the form and save it to your computer.
- 4) Either print it and mail it to Studio 32 or upload it to : <http://www.studio32dental.com/customerupload.html>

