



OHLENDORF APPLIANCE LABORATORY

Working With You to Deliver Smiles... Industry Best Solutions Since 1933

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Toll Free 1-800-325-8921
Fax 314-533-7331

PRESCRIPTION FORM

SEND MAILING LABELS

SEND BOXES

PATIENT NAME _____

AGE _____ DATE WANTED _____

Phone Doctor Concerning Case

Telephone Number _____

SPECIAL INSTRUCTIONS ON FILE

ESTIMATE ONLY

PLEASE CONSTRUCT

TELEPHONE NO. _____

APPLIANCE INSURANCE DISPLAY MODELS RETURN MODELS DUPLICATE MODELS

LEAVE BRACKETS ON OFF MODELS UPPER LOWER

APPLIANCE NUMBER _____ ADDITIONAL INSTRUCTIONS ON BACK

(From Principles of Appliance Therapy Text Book)

FIXED APPLIANCES

- Band and Loop Space Maintainer
- 6x6 Lingual Arch (Bi Lateral)
- Groper Temporary Bridge
- Replace Teeth _____
- Shade _____
- Habit Appliance – Thumb/Finger
- Habit Appliance – Tongue Thrust
- Rapid Palatal Expander
 - All Wire Hyrax (Molar Bands Only)
 - All Wire Hyrax (Molar and Bi Bands)
 - All Wire Hyrax (No Bands - Bonded)
- Nitanium Palatal Expander
- C – D Distalizer
- Rick – A – Nator Flat or Incline

3-D Wilson Appliances

- 3-D Upper Multi Action Palatal
- 3-D Upper Nance
- 3-D Lower Lingual Arch
- 3-D Lower Quad Action

Straight Wire Appliances

- Indirect Bonding Set – Up
 - Single Tray System
 - Dual Tray System
- Molar Bands with Buccal Tubes
- Bondable Molar Buccal Tubes
- Arch Wire Series

Fixed Retainers

- EZ Bond Retainer
- 3 x 3 Bonded - Cuspid Pads only
- 3 x 3 Bonded – Pads on Each Tooth

Other _____

REMOVABLE APPLIANCES

- Hawley Retainer – Labial Bow, Clasps
 - Essix Retainer
 - Spring Retainer with Acrylic Extensions
 - Inman Aligner
 - Reset Teeth $R \begin{matrix} 3 & 2 & 1 & 1 & 2 & 3 \\ 3 & 2 & 1 & 1 & 2 & 3 \end{matrix} L$
 - Schwarz Expansion Appliance
- Other _____

TMJ SPLINTS AND NIGHT GUARDS

- Talon Splint Upper Lower
 - Bruxism Nightguard (Acrylic) Lower
 - Hard Nightguard with Soft Liner
 - Gelb-Mora Splint
 - Soft Mouthguard
- Other _____

Indentations of Opposing Arch () yes () no

FUNCTIONAL JAW ORTHOPEDIC APPLIANCES

- Bionator Orthopedic Corrector
 - I II III
- Twin Block – Removable Fixed
- 2 Screw Sagittal
- 3 Screw Sagittal – Anterior Drive Distal Drive

SNORING AND SLEEP APPNEA APPLIANCES

- The Lamberg Sleep Well Appliance
- Full Breath Solution
- EMA
- TAP III
- Adjustable Herbst
- Adjustable Dorsal

Signature _____

License Number _____

Dr's email address _____