PATIENT'S NAME: ____________________________ AGE: _____  DATE SENT:_________ DATE WANTED: ________

☐ PLEASE PHONE DOCTOR CONCERNING CASE  □ SPECIAL INSTRUCTIONS ON FILE  □ DUPLICATE MODELS  □ APPLIANCE INSURANCE

☐ UPPER  ☐ LOWER  APPLIANCE #: _____________________       COLOR: _______________________

FIXED APPLIANCES
☐ Band and Loop Space Maintainer
☐ 6x6 Lingual Arch (Bi Lateral)
☐ Nance Button
☐ Transpalatal Space Maintainer
☐ Groper Temporary Bridge
☐ Replace Teeth  Shade
☐ Habit Appliance – Thumb/Finger  Tongue Thrust
☐ Rapid Palatal Expander
☐ Molar Bands Only  Molar and Bi Bands
☐ Super Screw Expander
☐ Nitanium Palatal Expander
☐ C – D Distalizer
☐ Rick – A – Nator  Flat  Incline
☐ Fixed Schwartz Expander
☐ Williams Expander
☐ 3-D Wilson Appliances
☐ Upper Multi Action Palatal  Upper Nance
☐ Lower Lingual Arch  Lower Quad Action

Straight Wire Appliances
☐ Indirect Bonding Set – Up  Archwire Series
☐ Single Tray System  Dual Tray System
☐ Molar Bands with Buccal Tubes
☐ Bondable Molar Buccal Tubes

Fixed Retainers
☐ EZ Bond Retainer
☐ 3 x 3 Bonded – Cuspid Pads only
☐ 3 x 3 Bonded – Pads on Each Tooth

OTHER APPLIANCES AND SPECIAL INSTRUCTIONS:

SIGNATURE: _________________________________ LICENSE NUMBER: _____________________