

Doctor/Office \_\_\_\_\_ Patient Name \_\_\_\_\_  
 Address \_\_\_\_\_ Insertion Date \_\_\_\_\_  
 Phone \_\_\_\_\_ Date Shipped to Lab \_\_\_\_\_  
 Email \_\_\_\_\_ Lab Use Only \_\_\_\_\_

Doctor Signature  
 License

- Sending STL Files     Sending Impressions/models     Please Call Concerning This Case  
 Buccal Tubes (Dbl .022)    Color    Standard Colors     Clear Pink     Clear

**Habit Appliance**

- Vertical Crib  
 Palatal Crib     Spurs  
 Bluegrass Roller  
 Add Occlusal Rests

**Space Maintainers**

- Band and Loop  
 Single Arm  
 Reverse  
 Lingual Arch  
 Loops  
 Transpalatal Arch  
 Nance  
 Fixed Bite Plate

**Rapid Palatal Expansion**

- Hyrax  
 Occlusal rests  
 Haas Expander  
 Direct Bonded RPE  
 Fan Expander

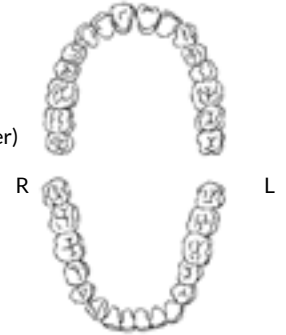
**Arch Development**

- Sagittal Expansion  
 Occlusal Coverage  
 (Please diagram desired expansion details) i.e. Anterior/Distal drive  
  Schwartz

**Splint Therapy**

- Kois DeProgrammer  
 Labial Bow/Ball Clasps  
 Anterior Bite Splint  
 Hard Occulsal Splint(upper)  
 Gelb Splint (lower)  
  Soft Bruxism Splint  
 .080 thick  
 .030 thin  
  NTI Type Splint

Special Instructions



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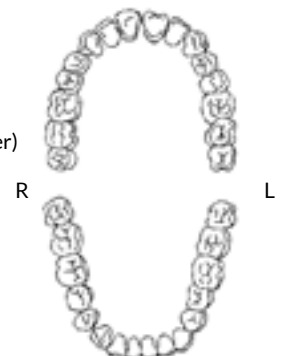
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