



500 Village Park Drive Powell, Ohio 43065

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DRS. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____

SEND: RX Forms Boxes Mailing Labels

DATE SHIPPED _____

DATE WANTED _____

1 day prior to appointment

REMOVABLE AND FIXED APPLIANCES

REMOVABLE

Indicate: Upper and/or Lower Appliance

- Hawley
- Wrap Around Hawley (W.A.H.)
- W.A.H. w/ Soldered Adam Clasps
- W.A.H. w/ Support Wires
- Q.C.M. Retainer
- Spring Aligner (3x3)
- Spring Aligner w/ Acrylic Ext. } Indicate Resets on Diagram
- Spring Aligner w/ Wire Ext. }
- Phase I Retainer
- Anterior Bite Plate
- Posterior Bite Plate
- Retainer w/ Plastic Teeth Shade _____
- Invisible Retainer Reset(s) w/ Teeth
- Athletic Mouth Guard Add Strap
- Bleaching Tray w/ Reservoir w/out Reservoir
- Other

ACRYLIC

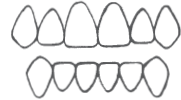
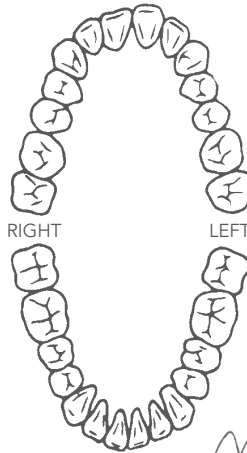
- Pink
- Clear
- Other

SPRINGS

- Finger
- Helix
- "S"

CLASPS

- Ball
- Adams
- "C"
- Arrow



FIXED

Indicate: Upper Lower Place Band(s)

- Space Maintainer
- Lingual Arch (3x3, 6x6) w/ Adjustment Loops
- Lingual Arch w/ Mesh Pads
- Lingual Arch (Braided Wire/No Pads)
- Lingual Arch w/ Anterior Bite Plate
- Thumb/Tongue Crib
- Blue Grass
- Nance Button
- Palatal Bar
- Quad Helix Bi-Helix
- Arnold "W" Arch
- Hyrax RPE Haas RPE Bonded RPE
- Distal Jet w/ Expansion Screw
- Pendulum w/ Expansion Screw
- T-Rex
- Other

SPECIAL INSTRUCTIONS:

PERSONAL SIGNATURE OF DOCTOR