

REMOVABLE APPLIANCE RX

DOCTOR	DUE DATE	CASE NUMBER
PATIENT LAST NAME	PATIENT FIRST NAME	DATE OF BIRTH

Maxillary Hawley Clasps

- Adams Clasps _____
- C-Clasps _____
- Ball Clasps _____
- Arrow Clasps _____

BOW

- Circumferential
- Soldered to clasps
- 3 X 3 Bow
- Other

SPRING RETAINERS

- Maxillary 3X3
- Modified Spring with Adams Clasp
- Spring Hawley Plus
- Reset No Reset

Mandibular Hawley Clasps

- Adams Clasps _____
- C-Clasps _____
- Ball Clasps _____
- Arrow Clasps _____

BOW

- Circumferential
- Soldered to clasps
- 3 X 3 Bow
- Other

SPRING RETAINERS

- Mandibular 3X3
- Modified Spring with Extentions
- Spring Hawley Plus
- Reset No Reset

COLOR AND DESIGN

COMMENTS OR SPECIAL INSTRUCTIONS

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SIGNATURE	LICENCE NUMBER	TODAY'S DATE