

LABIAL INDIRECT BONDING / Rx

SPECIALTY APPLIANCES

ORTHODONTIC LABORATORY SERVICES

<input type="checkbox"/> PHONE ME REGARDING THIS CASE	<input type="checkbox"/> SEND ADDITIONAL
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> RX SHEETS
<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> MAILING LABELS

Doctor _____

Address _____

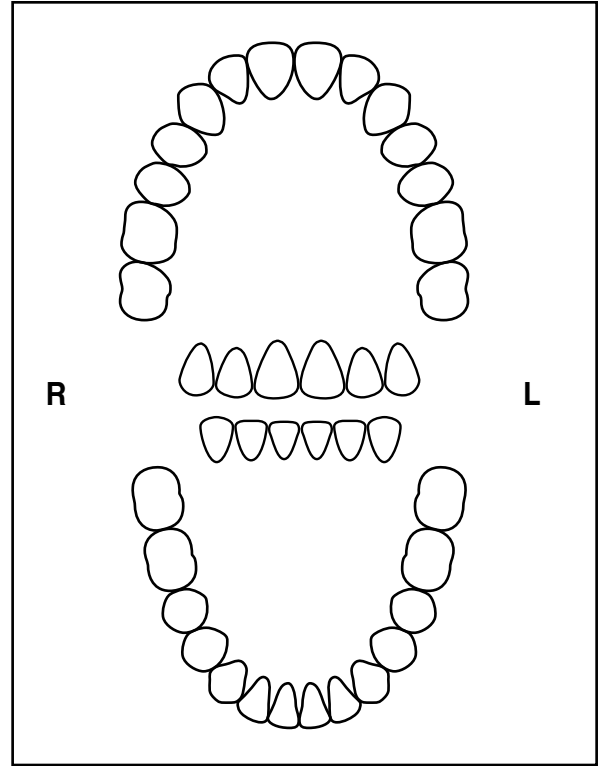
City _____ State _____ Zip _____

Telephone _____ Fax _____

Patient Name _____

Date Shipped _____

Date Needed _____



CASE INFORMATION

Upper Lower .018 .022

Custom Base System Clean Base Method

Brackets Enclosed with Case Specialty Provide Brackets

TRANSFER TRAYS

Full Arch Midline Split 3 Piece

Clear Formed Trays Silicone Trays

Please Indicate on Diagram to Right

1. Mark an "X" on teeth missing, to be extracted, or those not to be bonded
2. Indicate with arrows over-rotations desired

BRACKET HEIGHT AND ANGLUATION PRESCRIPTION - See Reverse for Further Explanations and Details

Custom Height													Custom Height
Standard Height	3.0mm	4.0mm	4.5mm	5.0mm	4.5mm	5.0mm	5.0mm	4.5mm	5.0mm	4.5mm	4.0mm	3.0mm	Standard Height
Angulations Requested													Angulations Requested
	R						L						
Angulations Requested													Angulations Requested
Standard Height	3.0mm	3.5mm	4.0mm	4.5mm	4.0mm	4.0mm	4.0mm	4.0mm	4.5mm	4.0mm	3.5mm	3.0mm	Standard Height
Custom Height													Custom Height

SPECIAL INSTRUCTIONS _____
