



China
Orthodontic
Laboratory

China Orthodontic Lab

Add: Room 1312, Fulin building, Qiaotou, Fuyong, Bao'an, Shenzhen, China 518103

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Date Sent _____ Date Wanted _____

Doctor _____

Address _____

Tel _____

Patient _____ Age _____

Retainer & Fixed Prescription

Please Check:

Retainer	Upper	Lower
Hawley-Standard	<input type="checkbox"/>	<input type="checkbox"/>
Hawley Spring Ret.	<input type="checkbox"/>	<input type="checkbox"/>
Spring Ret. (3x3)	<input type="checkbox"/>	<input type="checkbox"/>
Invisible/Essix .030 .060	<input type="checkbox"/>	<input type="checkbox"/>
Flipper Partial	<input type="checkbox"/>	<input type="checkbox"/>
Soft Mouthguard	<input type="checkbox"/>	<input type="checkbox"/>
Bleaching Trays	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____		

Fixed Appliances

<input type="checkbox"/> Space Maintainer	<input type="checkbox"/> Distal Shoe
<input type="checkbox"/> Transpalatal Arch	<input type="checkbox"/> Nance
<input type="checkbox"/> Habit Appliance	<input type="checkbox"/> Quad Helix
<input type="checkbox"/> Space Regainer	<input type="checkbox"/> Hyrax RPE
<input type="checkbox"/> Bonded RPE	<input type="checkbox"/> Haas RPE
<input type="checkbox"/> Distal Jet	<input type="checkbox"/> Williams
<input type="checkbox"/> Others _____	
Lingual Arch	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/> 1x1 Bonded	<input type="checkbox"/> 2x2 Bonded
<input type="checkbox"/> 3x3 Bonded	<input type="checkbox"/> 4x4 Bonded
<input type="checkbox"/> 5x5 Bonded	<input type="checkbox"/> 6x6 Bonded
<input type="checkbox"/> Without Adjustment Loops	
<input type="checkbox"/> With Adjustment Loops	
<input type="checkbox"/> Cross-Palatal Lingual Wire	
<input type="checkbox"/> Lingual Bar to Cingulum	
<input type="checkbox"/> Lingual Bar to Middle 1/3 of Teeth	
<input type="checkbox"/> Lingual Bar to Line on Cast	
<input type="checkbox"/> Brackets (Specify) _____	

Note: _____

Reset Teeth Circled

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Add Lingual Spring

Acrylic Options

- Anterior Bite Plane
- Posterior Bite Plane
- No Bite Plane
- Full Palate
- Horseshoe Palate
- Add Expansion Screw
- Add Tongue Crib
- Add Pontic(s)

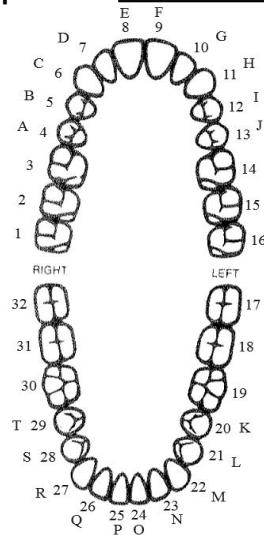
Labial Wire

- 2x2 (No Loops)
- 3x3 (W/Loops)
- Wraparound
- Soldered Flat (3x3)

Clasps/Springs

- Ball
- Arrow
- "C" Clasps
- Adams
- Soldered "C"s
- Molar Rests
- Finger Spring
- Sweep Wire
- Z-Spring

Upper Color _____



Lower Color _____

Please Send

Boxes

Prescription Forms

Labels