Lord's Dental Studio, Inc.

1500 West Main Ave.
De Pere, WI 54115
(920) 347-2929
(800) 821-0859

16680 West Cleveland Ave. Ste. E
New Berlin, WI 53151
(262) 786-7115
(877) 245-6737

Doctor's Name _____ Date _____

Group Name _____

Address _____

City, State, Zip _____

Email Address _____

Patient Last Name |___|___|___|___|___|___|___|___|___|___|___|___|

Patient First Name |___|___|___|___|___|___|___|___|___|___|___|___|

Age _____ Male / Female Ethnic Group: _____

❑ Please call - phone # _____

Comments _____

_____

INSTRUCTIONS

Ortho Rx

Please check:

❑ **Essix Invisible Retainer**
- ❑ Pontic(s) for tooth # _____ shade _____

❑ **Invisible Retainer** (2mm Biocryl)
- ❑ Pontic(s) for tooth # _____ shade _____

❑ **Hawley Retainer** ❑ Upper ❑ Lower
- ❑ Wraparound ❑ Clear Plastic Labial
- ❑ San Antonio Wrap ❑ Clear Plastic Labial
- ❑ Pontic(s) for tooth # _____ shade _____

❑ **3 X 3 Spring Retainer**
- ❑ With wire extensions
- ❑ Pontic(s) for tooth # _____ shade _____

❑ **Spring Hawley Combo** R L
- ❑ Reset teeth as marked

❑ **Acrylic Color**
- ❑ Pink ❑ Clear ❑ Other _____

❑ **Bionator**
- ❑ To open bite ❑ To close bite ❑ To hold bite

❑ **Twin-Block** Type

❑ **Schwartz** ❑ Upper ❑ Lower
- ❑ One screw ❑ Two screw

❑ **Nord**

❑ **Fan Screw**

❑ **Sagittal** ❑ Upper ❑ Lower
- ❑ Anterior drive
- ❑ Posterior drive
  - ❑ Left ❑ Right
- ❑ 3-way

❑ **Haas Palatal Expander**

❑ **Splint** ❑ Upper ❑ Lower
- ❑ Type _____

Material ❑ Acrylic ❑ Comfort
❑ Comfort Plus ❑ Flexite
❑ Eclipse for Allergy

❑ **Athletic Mouthguard**
- ❑ Upper ❑ Lower Color _____
- ❑ With helmet strap

❑ **Fluoride** ❑ **Bleach Trays**
- ❑ Upper ❑ Lower

❑ **Snore Appliances**
- ❑ TAP III ❑ Silencer® ❑ Silencer® Custom III *(interim appliance)*
- ❑ E.M.A. 1® ❑ TAP Titanium

❑ **Fixed Lingual Arch**
- ❑ 3 x 3
  - ❑ Braided wire ❑ Round wire
    - ❑ With bonding pads
- ❑ 4 x 4
  - ❑ Banded ❑ Bonded
- ❑ 6 x 6

❑ **Habit Crib** Type _____

❑ **Nance Holding Appliance**

❑ **Trans Palatal**

❑ **Hyrax Expander** ❑ Banded ❑ Bonded

❑ **Williams Expander**

❑ **Rickanator I / II** ❑ Removable ❑ Fixed

❑ **Unilat Space Maintainer**

❑ **Space Regainer**

❑ **Quad Helix**

❑ **Arnold "E" Arch**

❑ **Mia Quad Helix** (removable) ❑ Upper ❑ Lower

❑ **Nitanium Expander**

❑ **Nitanium Molar Rotator**

❑ **Magill Sagitall** ❑ Ant. ❑ Post.

❑ **Herbst** ❑ Banded ❑ Bonded

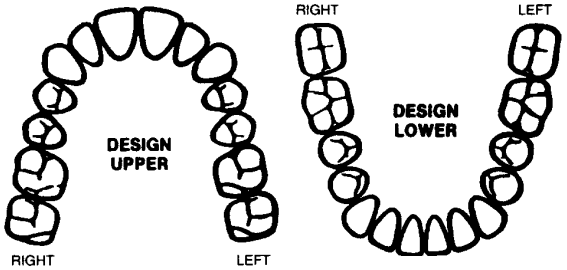
❑ **Jones Jig**

❑ **Penduleum**

❑ **Pend Ex**

❑ **Wilson Removable Arches**
- ❑ Upper ❑ Lower
  - ❑ Multi-action ❑ Trans Palatal
  - ❑ Quad Helix ❑ Bimetric Distalizer
  - ❑ Lingual Arch

❑ **Banded Jet Appliances**
- ❑ Distal JET ❑ Mesial JET
- ❑ Spring JET ❑ Uprighter/JET



FOR LAB USE

RETURN DATE: _____ Time: _____

Dentist
Signature _____ Lic # _____

Use reverse side of top copy for additional instructions.