K-AL ORTHODONTIC LABORATORY, INC

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From Dr. _____

_____

Patient's Name _____

Date Wanted _____

Insert Date _____

REMOVABLE APPLIANCES

❏ Hawley ret (w/lab 3-3, 2 Clasps) ❏ Upper ❏ Lower
❏ Hawley ret (wraparound) ❏ Upper ❏ Lower
❏ 'C' ❏ Ball ❏ Arrowhead ❏ Adam ❏ Finger Clasps
❏ Finger Spring 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
❏ Bite Plane ❏ Anterior ❏ Posterior

FUNCTIONAL APPLIANCES

❏ Bionator
❏ Corrector
❏ Activator
❏ Functional appliance

FIXED APPLIANCES

❏ 3x3 lingual arch
❏ 6x6 lingual arch ❏ loops ❏ no loops
❏ Band & loop space maintainer
❏ Tongue Crib
❏ Nance
❏ Quad Helix
❏ 'W' appliances
❏ Hyrax (R.P.E)
❏ Haas (R.P.E)

SPLINTS ❏ Upper ❏ Lower

❏ Pro-form Dual night guard
❏ Hard night guard
❏ Soft night guard
❏ Sports night guard
❏ Invisible Retainer

ACTIVE APPLIANCES

❏ Spring retainer ❏ 3-3 ❏ 4-4 ❏ Do not reset any teeth
❏ Upper modified spring retainer ❏ Reset teeth circled ideally
❏ Lower modified spring retainer
❏ Sagittal
❏ Upper ❏ Lower ❏ Class III
❏ Transverse/schwartz ❏ Upper ❏ Lower
❏ With Occlusal Coverage ❏ With No Occlusal Coverage
❏ Cetlin (A.C.C.O.)

3 2 1 | 1 2 3
R ——— L
3 2 1 | 1 2 3

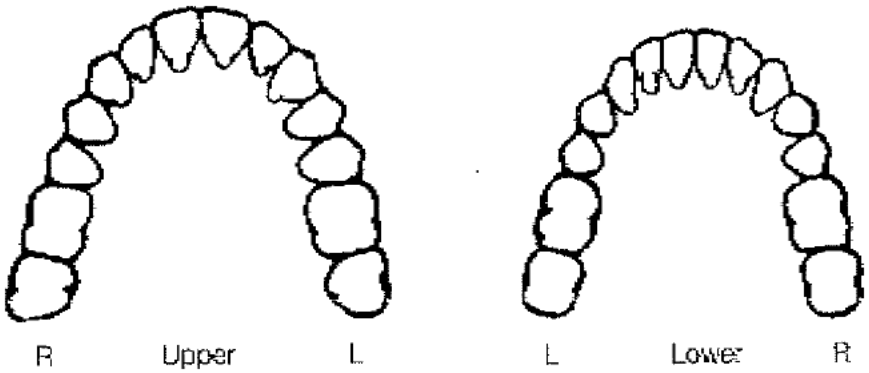
STUDY MODELS

❏ Study models complete
❏ Study models duplication
❏ Repair
❏ Replace acrylic

ACRYLIC COLOR OR PATTERN

_____

DESIGN CASE HERE



DOCTOR'S NOTES

Doctor's Signature _____ Lic # _____ Date _____