

ORTHODYNE LABORATORIES INC.

P.O. Box 1332, Rockville, Maryland 20849-1332

(301) 279-0040

APPLIANCE PRESCRIPTION

DOCTOR _____

ADDRESS _____

STATE/ZIP _____ PHONE _____

LICENSE NO. _____

DATE SHIPPED _____ DUE DATE _____

PATIENT'S NAME

Retainers

Upper Lower Wraparound

Clasps

Adams Arrow Ball "C"
 Other _____

Springs (Please draw and specify below)

Bite Plate Anterior Posterior

Plastic Pontic Tooth Shade _____

Habit Rake Type _____

Screws 7 mm 11 mm 14 mm
 Micro Fan 3 Way

Carve Bands Yes No

Shamy CellIn

Other _____

Fixed Appliances

Transpalatal Bar

Lingual Arch

3 x 3 4 x 4 6 x 6 Removable

Nance

Space Maintainer

Habit Type _____

Quad Helix

"W" expansion

Haas

RPE

Hyrax

Direct Bond w/Tray 3 x 3

Other _____

Spring Aligner

3 x 3 4 x 4 Modified

Extension Reset Leave as is

Do Not Strip

Strip contacts as indicated

Indirect Bonding

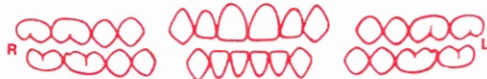
Lab Furnished Brackets

Dr. Furnished Brackets

Study Model

Rough Duplicate Finished

Acrylic pinktone clear



Circle Teeth To Be Banded, Bonded, Or Reset

7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

Special Instructions:

Please send: mailing labels prescriptions boxes