The Wirebenders

An Orthodontic Laboratory

2075 Lincoln Ave., Suite A • San Jose, California 95125 • (408) 265-5576

http://www.thewirebenders.com

DOCTOR: _____ DATE SENT TO LAB: _____

ADDRESS: _____ DATE NEEDED: _____

_____ PHONE: _____

PATIENT ID: _____

TYPE OF APPLIANCE

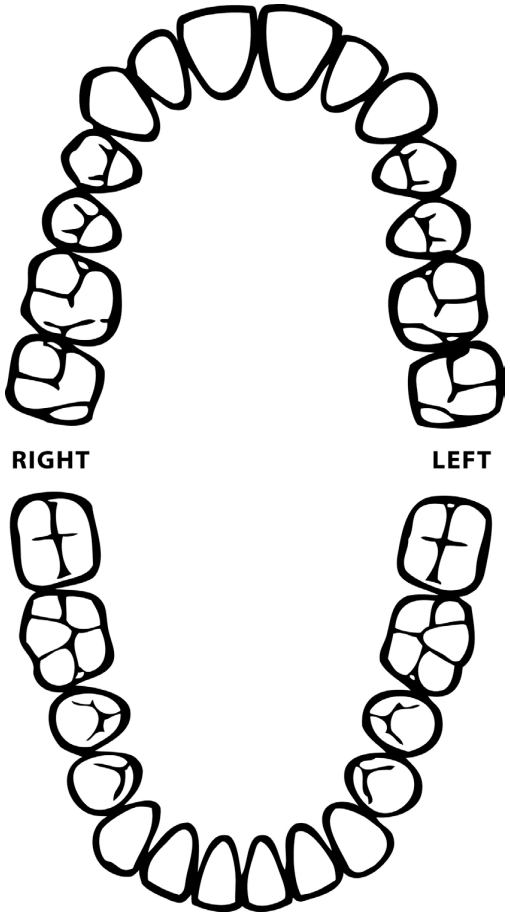
UPPER	LOWER	Removable Appliances:
☐	☐	Standard Hawley Retainer
☐	☐	Wrap Around Hawley
☐		Maxillary Expansion Appliance
		Habit Correctors:
☐		• Thumb Sucking
☐		• Tongue Thrust
☐	☐	Space Maintainer
		Bite Planes:
☐	☐	• Anterior
☐	☐	• Posterior
☐		Added to Appliance
☐	☐	Splint
		Clasps:
☐		• Adams
☐		• Ball
☐		• Circumferential
☐		• “C” Clasp
		Fixed Appliances:
☐		Maxillary Expansion Appliance
☐		Nance Appliance
☐	☐	Space Maintainer
		Lingual Arches:
☐	☐	• Molar to Molar
☐	☐	• Cuspid to Cuspid
		Habit Correctors:
☐		• Thumb Sucking
☐		• Tongue Thrust
		Accessories for Fixed Appliances:
☐		• Space maintaining Spur(s)
☐		• Springs
☐	☐	• Molar Bands
		Space Regainers:
☐	☐	• Arnold
☐	☐	• Quad Heliix
☐	☐	Invisible
☐	☐	3D Printed Work Models from your .STL files

DESIGN CASE HERE

Indicate Extent of acrylic, location of springs & clasps

APPLIANCE SUGGESTIONS

COLOR: _____



COLOR: _____

I (the Doctor) upon receipt of the above prescribed appliance, assume all responsibility of inspection for correctness and intended use.

Doctor’s Signature: _____

License # _____