

# The Wirebenders

An Orthodontic Laboratory

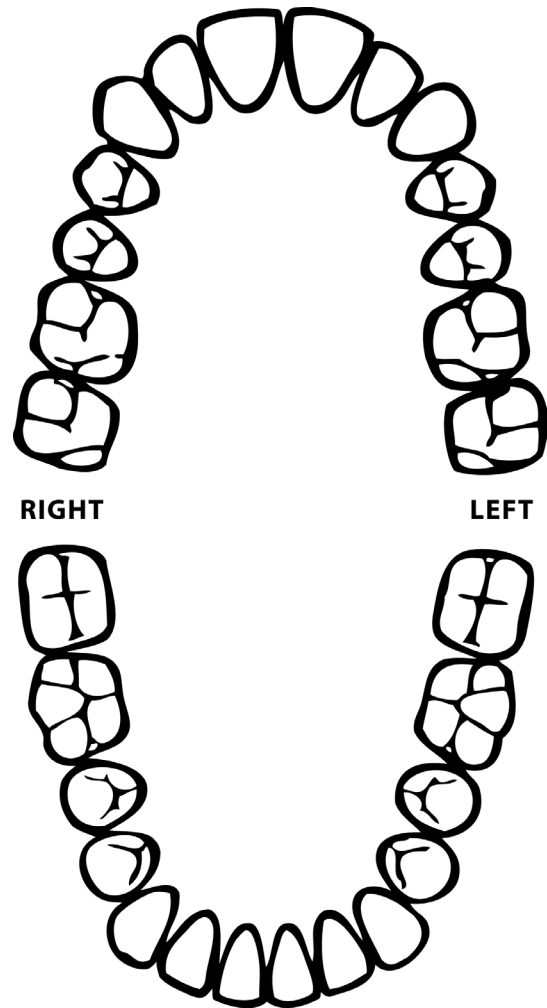
2075 Lincoln Ave., Suite A • San Jose, California 95125 • (408) 265-5576

DOCTOR: \_\_\_\_\_ DATE SENT TO LAB: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 PATIENT: \_\_\_\_\_ I.D.# \_\_\_\_\_

		TYPE OF APPLIANCE
UPPER	LOWER	
<input type="checkbox"/>	<input type="checkbox"/>	(Removable)
<input type="checkbox"/>	<input type="checkbox"/>	Standard Hawley Retainer
<input type="checkbox"/>	<input type="checkbox"/>	Wrap Around Hawley
	<input type="checkbox"/>	Maxillary Expansion Appliance
	<input type="checkbox"/>	Habit Correctors:
	<input type="checkbox"/>	• Thumb Sucking
	<input type="checkbox"/>	• Tongue Thrust
<input type="checkbox"/>	<input type="checkbox"/>	Space Maintainer
	<input type="checkbox"/>	Bite Planes:
<input type="checkbox"/>	<input type="checkbox"/>	• Anterior
<input type="checkbox"/>	<input type="checkbox"/>	• Posterior
	<input type="checkbox"/>	Added to Appliance
<input type="checkbox"/>	<input type="checkbox"/>	Splint
	<input type="checkbox"/>	Clasps:
	<input type="checkbox"/>	• Adams
	<input type="checkbox"/>	• Modified Arrowhead
	<input type="checkbox"/>	• Ball
	<input type="checkbox"/>	• Circumferential
	<input type="checkbox"/>	• "C" Clasp
	<input type="checkbox"/>	<b>Fixed:</b>
	<input type="checkbox"/>	Maxillary Expansion Appliance
	<input type="checkbox"/>	Nance Appliance
<input type="checkbox"/>	<input type="checkbox"/>	Space Maintainer
	<input type="checkbox"/>	Lingual Arches:
<input type="checkbox"/>	<input type="checkbox"/>	• Molar to Molar
<input type="checkbox"/>	<input type="checkbox"/>	• Cuspid to Cuspid
	<input type="checkbox"/>	Habit Correctors:
	<input type="checkbox"/>	• Thumb Sucking
	<input type="checkbox"/>	• Tongue Thrust
	<input type="checkbox"/>	Accessories for Fixed Appliances:
	<input type="checkbox"/>	• Space maintaining Spur(s)
	<input type="checkbox"/>	• Springs
	<input type="checkbox"/>	• Tongue Thrust Loops
	<input type="checkbox"/>	• Thumb Sucking Loops
<input type="checkbox"/>	<input type="checkbox"/>	• Molar Bands
	<input type="checkbox"/>	Space Regainers:
<input type="checkbox"/>	<input type="checkbox"/>	• Coil Spring
<input type="checkbox"/>	<input type="checkbox"/>	• Quad Helix

DESIGN CASE HERE  
 Indicate Extent of acrylic, location of springs and clasps

APPLIANCE SUGGESTIONS



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

Doctor's Signature: \_\_\_\_\_

License # : \_\_\_\_\_