

Orthodontic Rx

Splint Material

- Printed Thermoplastic
- Printed Thermaflex
- Thermoplastic
- Thermaflex
- Dual Laminate
- Hard Acrylic

Splint Design

- | | Mx | Mn |
|-----------------|--------------------------|--------------------------|
| Bruxism | <input type="checkbox"/> | <input type="checkbox"/> |
| Gelb | <input type="checkbox"/> | <input type="checkbox"/> |
| NTI | <input type="checkbox"/> | <input type="checkbox"/> |
| Deprogrammer | <input type="checkbox"/> | <input type="checkbox"/> |
| TMJ | <input type="checkbox"/> | <input type="checkbox"/> |
| Daytime Orth. | <input type="checkbox"/> | <input type="checkbox"/> |
| Nighttime Orth. | <input type="checkbox"/> | <input type="checkbox"/> |

Clear Aligning Ret. System (CARS)

- Prepare Assessment
- Re-assessment
- Fabricate CARS

Smile Retainers

- | | Mx | Mn |
|----------|--------------------------|--------------------------|
| Set of 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| Set of 8 | <input type="checkbox"/> | <input type="checkbox"/> |

Fixed Expansion

- | | Mx | Mn |
|------------|--------------------------|--------------------------|
| RPE- Hyrax | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonded RPE | <input type="checkbox"/> | <input type="checkbox"/> |
| Haas | <input type="checkbox"/> | <input type="checkbox"/> |
| Pendulum | <input type="checkbox"/> | <input type="checkbox"/> |

Removable Expansion

- | | Mx | Mn |
|--------------------|--------------------------|--------------------------|
| Sagittal Anterior | <input type="checkbox"/> | <input type="checkbox"/> |
| Sagittal Posterior | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-Way Bertoni | <input type="checkbox"/> | <input type="checkbox"/> |
| Schwartz-1 Screw | <input type="checkbox"/> | <input type="checkbox"/> |
| - 2 Screw | <input type="checkbox"/> | <input type="checkbox"/> |
| Acrylic Pads | <input type="checkbox"/> | <input type="checkbox"/> |

Functionals

- Bionator
- Herbst
- Frankel
- Ric-A-Nator
- Twin Block
- Twin Block w/Screw
- Tandem
- Spring Clip

Retainers

- | | Mx | Mn |
|-------------------|--------------------------|--------------------------|
| Hawley Ret. | <input type="checkbox"/> | <input type="checkbox"/> |
| Wraparound | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed Clear | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear Aligning | <input type="checkbox"/> | <input type="checkbox"/> |
| Van Der Linden | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto Hawley | <input type="checkbox"/> | <input type="checkbox"/> |
| QCM | <input type="checkbox"/> | <input type="checkbox"/> |
| Kois Deprogrammer | <input type="checkbox"/> | <input type="checkbox"/> |

Fixed

- | | Mx | Mn |
|-------------------|--------------------------|--------------------------|
| 3x3 Soldered | <input type="checkbox"/> | <input type="checkbox"/> |
| 3x3 Wire SS | <input type="checkbox"/> | <input type="checkbox"/> |
| 3x3 Coaxial | <input type="checkbox"/> | <input type="checkbox"/> |
| 3x3 Coaxial Flat | <input type="checkbox"/> | <input type="checkbox"/> |
| 3x3 Flossable | <input type="checkbox"/> | <input type="checkbox"/> |
| Band & Loop | <input type="checkbox"/> | <input type="checkbox"/> |
| Nance | <input type="checkbox"/> | <input type="checkbox"/> |
| Lingual Arch | <input type="checkbox"/> | <input type="checkbox"/> |
| Habit Appliance | <input type="checkbox"/> | <input type="checkbox"/> |
| Transpalatal Arch | <input type="checkbox"/> | <input type="checkbox"/> |
| Distal Jet | <input type="checkbox"/> | <input type="checkbox"/> |
| Quad Helix | <input type="checkbox"/> | <input type="checkbox"/> |

Colour

- Clear
- Standard Pink
- Standard Blue
- Customised
- Colour _____
- Logo _____

Miscellaneous

- Ind. Bracket Set
- Single Buccal Tube
- Double Buccal Tube
- Triple Buccal Tube
- Wilson Attachments
- Ceph Analysis

Study Model

- Printed
- Emailed

Item Sent

- | | Mx | Mn |
|-------------------|--------------------------|--------------------------|
| Impression | <input type="checkbox"/> | <input type="checkbox"/> |
| Model | <input type="checkbox"/> | <input type="checkbox"/> |
| Bite Registration | <input type="checkbox"/> | <input type="checkbox"/> |
| Scan | <input type="checkbox"/> | <input type="checkbox"/> |

(Keep Diagram of Teeth)

Maxillary

Mandibular

Call to Discuss

Prepare Consultation

Dr. Signature: _____