

Practice Info:

Patients

Name: _____

REQUIRED

Signature : _____ Lic# : _____

REMOVEABLE

UP LOW **Retention**

- Hawley Retainer
- Circumferential Hawley
 - Support Wires

UP LOW **Tooth Alignment**

- Super Spring Aligner
- Mushroom Spring Aligner
- Modified Spring Aligner
- Clip-on Spring Aligner

UP LOW **Expansion**

- Schwarz

UP LOW **Splint**

- Flat Plane Occlusal Splint
- Clasps Clasp as Needed Dual Layer
- Thermo-formed Overlay
- 2 mm 3mm 4mm Dual Layer

FIXED

UP LOW **Retention**

- Lingual Fixed (Cuspid-Cuspid)
- Nance Button
- Lower Lingual Holding Arch

UP LOW **Expansion**

- Hyrax Palatal Expander
- Mini Palex Palatal Expander
- Bonded Palatal Expander
- Haas Palatal Expander

OPTIONS

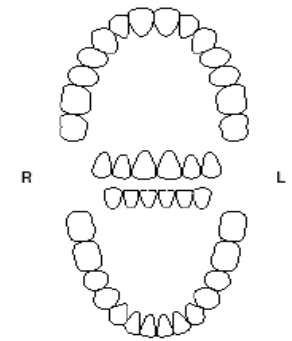
- Ball Clasp
- Adams Clasp
- C Clasp
- Z Spring

ACRYLIC COLOR:

UP = LOW =

OTHER: _____

Send More: Prescription Forms Boxes



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