

Patient's Name: _____

Appointment Due Date: _____

(Please allow 14 business days. We will schedule to have your order to you at least the day prior to the appointment due date.)

Doctor: _____

Phone: _____

Email: _____

Address: _____

City/State/Zip _____

For Orthotropics®

- Hang Expancer (send full upper palate model) (when ordering the Hang Expancer please complete the following questionnaire)



Is this a DE extraction case that needs an intrusion wire? Yes * No

Is this a deep bite case that needs occlusal acrylic? Yes * No

Do you need a hook to get the midline correct? Yes * No

Is a rest needed to keep the first bi's from erupting? Yes * No

- TPA Retainer (send full upper palate model)

- ADAPT - LGR™ (send full upper and lower models with a bite)



For Orthodontics

Removable Upper Expander (send full upper model)

Fixed Lower Expander (send lower model with bands fitted)

Sagittal Appliance (send full upper or lower model - indicate opening placement)

Upper Retainer (send full upper model)

Lower Retainer (send lower model)

*Please indicate a color choice:

RED - BLUE - PINK - GREEN - PURPLE - YELLOW

ORANGE - MAGENTA - TURQUOISE - BLACK - LIME GREEN

Special

Instructions: _____

- Do you need more mailing labels?

- Do you need more Rx forms?