

INTERNAL USE ONLY

DATE RX RECEIVED IN LAB

Expert Orthodontic Appliances  
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Englewood, CO 80110  
PH: 303-758-0130  
Email: [expertortho@gmail.com](mailto:expertortho@gmail.com)

DR:

RX DATE:

ADDRESS:

PATIENT APPOINTMENT DATE and TIME:

CITY/ZIP:

PHONE:

PATIENT NAME:

LIC#:

CIRCLE APPROPRIATLY

**HAWLEY RETAINER**

Standard / Warp Around /+ Ant. Bite Plane

**INVISIBLE RETAINER** / Add Pontic?

**EXPANDER**

Quad Helix / RES / Hyrax / Haas / Schwarz /  
2-Way / 3-Way / T-Rex / Other

**FIXED APPLIANCE / SPACE MAINTAINERS**

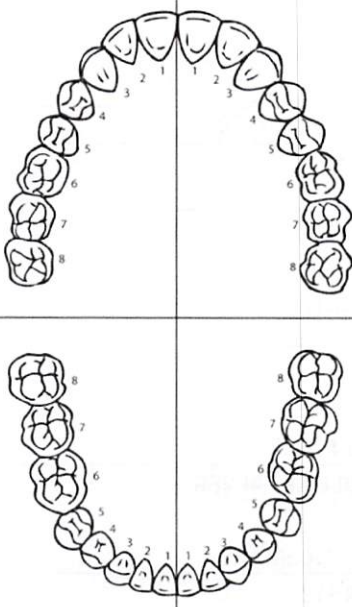
Band and Loop / Nance / Lingual Arch /  
Halterman / TPA / Other \_\_\_\_\_

**SPLINT** – Hard / Hard-Soft

**CLASPS / HOOKS / SPRINGS / WIRES**

Adams / Ball / 'C' / Hook / Finger /  
Mushroom / Helix / Rests / Wires

**ACRYLIC COLOR / SPARKLES (Y/N)**



ADDITIONAL INFO

TOP COPY – LAB BOTTOM COPY – OFFICE

PLEASE NOTE: Incomplete information will result in a delayed delivery of the case

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<b>UPPER / MAXILLARY</b>	<b>LOWER / MANDIBULAR</b>
Model/ Scan Date Received	Model/ Scan Date Received
<b><u>MODELWORK</u></b> POUR PREP DUP BAND PREP	<b><u>MODELWORK</u></b> POUR PREP DUP BAND PREP
<b><u>METAL WORK</u></b> Lingual Arch Nance RPE	<b><u>METAL WORK</u></b> Lingual Arch Nance RPE
<b><u>CLASPS</u></b> Ball                      C- Clasp C-Clasp Adams Other _____	<b><u>CLASPS</u></b> Ball C-Clasp Adams Other _____
<b>SPRINGS / HOOKS</b>	<b>SPRINGS / HOOKS</b>
<b><u>HAWLEY</u></b> <b>TYPE:</b> _____ Wires Bite Plane Labial Bow Facial Acrylic Decals Acrylic Pumice Polish	<b><u>HAWLEY</u></b> <b>TYPE:</b> _____ Wires Bite Plane Labial Bow Facial Acrylic Decals Acrylic Pumice Polish
<b>INVISIBLE RETAINER</b>  Pontic Placement	<b>INVISIBLE RETAINER</b>  Pontic Placement
<b>SCHWARTZ</b>	<b>SCHWARTZ</b>
<b>EXPANDER</b> 2 Way 3 Way	<b>EXPANDER</b> 2 Way 3 Way
<b>SPLINTS</b> Occlusal/ Gelb/SRS	<b>SPLINTS</b> Occlusal/ Gelb/SRS