

LAB USE ONLY		

Retainer Rx

Dr. _____ Acct # _____

Address _____

City, State, Zip _____

Patient _____

Tel # _____ Fax # _____

E-Mail _____

Shipped _____ Placement Date _____

(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)

Please Ship Extra

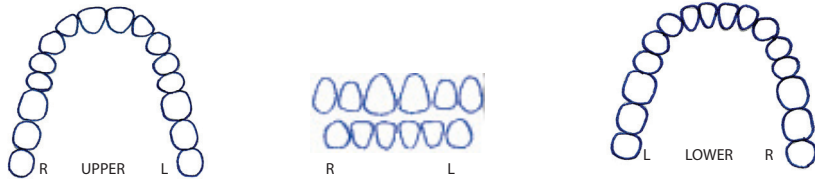
Pre-Paid Bags Shipping Boxes Prescription Sheets

Submitted scans digitally through:

Lythos iTero 3M Box Other _____

Special Instructions

Instructional Drawing



Lab Use Only

3	2	1	1	2	3
3	2	1	1	2	3

APPLIANCE PROTECTION PLAN:

YES

NO

Allesee Orthodontic Appliances - 13931 Spring Street - Sturtevant, WI 53177
Phone 1-800-262-5221 - Fax 262-886-6879 - International 262-886-1050

1. Spring Retainers

Please mark set-up below

Spring Retainer (Cuspid to Cuspid)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Spring Retainer with Wire Extensions	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Modified Design	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Modified Design with Helix Coils	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Modified Design with Mushroom Spring	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Super Modified	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Pro-Active Series I	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Pro-Active Series II	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Pro-Active Series III	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower

2. Reset teeth - indicate on diagram

<input type="checkbox"/> Do Not Reset	<input type="checkbox"/> Strip if Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reset as Feasible	<input type="checkbox"/> Strip all Contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reset Ideal	<input type="checkbox"/> No Stripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R

2	1	1	2
2	1	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L

3. Adaptor

Standard Adaptor with Alastiks	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Adaptor with NiTi Coil Springs	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Reset	<input type="checkbox"/>	<input type="checkbox"/>

R

7	6	5	4	3	2	1	1	2	3	4	5	6	7
7	6	5	4	3	2	1	1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L

4. Hawley Retainers

Traditional Hawley	QCM Hawley	Ball Clasps	<input type="checkbox"/>	Upper	<input type="checkbox"/>	Lower
<input type="checkbox"/> Upper	<input type="checkbox"/> Upper	Adams Clasps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lower	<input type="checkbox"/> Lower	"C" Clasps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	U L	Sage Clasps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flat wire bow	<input type="checkbox"/>	Dunn Clasps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ricketts bow	<input type="checkbox"/>	Soldered "C"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		to Bicuspid				

Wraparound Hawley	Wraparound Soldered to Clasps	Stabilizer wires - Between	<input type="checkbox"/> 2-3	<input type="checkbox"/> 3-4	<input type="checkbox"/> 4-5
<input type="checkbox"/> Upper		Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lower	Adams	Flat wire bow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	"C" Clasps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Trim - Acrylic

<input type="checkbox"/> Scalloped anterior	<input type="checkbox"/> Clear
<input type="checkbox"/> Anterior Bite Plane	<input type="checkbox"/> Pink Tint
<input type="checkbox"/> Posterior Bite Plane	
<input type="checkbox"/> Horseshoe Trim	<input type="checkbox"/> Color(s) _____
<input type="checkbox"/> Modified Horseshoe Trim	<input type="checkbox"/> Glitter(s) _____
<input type="checkbox"/> Acrylic on Labial Bow	<input type="checkbox"/> Designer _____ (Upper Only)
<input type="checkbox"/> Add Pontic(s) Shade _____	

6. Full Arch Invisible Retainer

Upper Lower .030 .040 Duraclear .030

Laboratory Use Only

HAW _____

SP _____

SU _____

SPL _____

PTC _____

ACRY _____

AAC _____

AAC _____

AAC _____

SHIP _____