

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

Shipping Boxes Prescription Sheets

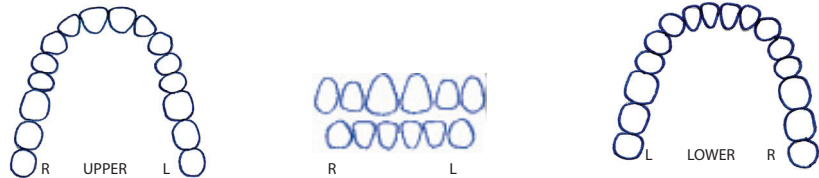
Submitted scans digitally through:

Medit iTero 3Shape Midmark Other _____

(Submit digital Rx to: digital.services@aoalab.com)

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

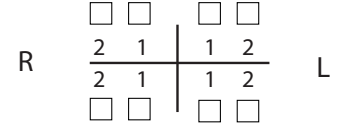
1. Spring Retainers

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"/> Reset as Feasible | <input type="checkbox"/> Strip all Contacts |
| <input type="checkbox"/> Reset Ideal | <input type="checkbox"/> No Stripping |



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 | L |
| | <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"/> | |
| | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |

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"/> Lower | <input type="checkbox"/> Lower | "C" Clasps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Options | U | L | Sage Clasps | <input type="checkbox"/> | <input type="checkbox"/> | |
| Flat wire bow | <input type="checkbox"/> | <input type="checkbox"/> | Dunn Clasps | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ricketts bow | <input type="checkbox"/> | <input type="checkbox"/> | Soldered "C" | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | to Bicuspids | | | |
- | | | | | | | | | |
|--------------------------------|-------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> Lower | Adams | U | <input type="checkbox"/> | <input type="checkbox"/> | U | | | L |
| | "C" Clasps | L | <input type="checkbox"/> | <input type="checkbox"/> | Flat wire bow | <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

Doctor Signature _____

