



ORTHODONTIC LABORATORIES, INC.

449 SW 771st Rd
Centerview, MO 64019
(816) 478-8447 • Toll Free 1-877-478-0300
www.royalortholabs.com

DATE SENT _____ DATE WANTED _____

DOCTOR _____
ADDRESS _____
TELEPHONE (____) _____ EMAIL _____
CITY _____ STATE _____ ZIP _____
PATIENT _____ AGE _____

RETAINER & FIXED PRESCRIPTION

Please check:

- RETAINER Upper Lower
Hawley-Standard
Hawley Spring Ret.
Spring Ret. (3x3)
Invisible/Essix
Flipper Partial
Soft Mouthguard
Bleaching Trays
Other

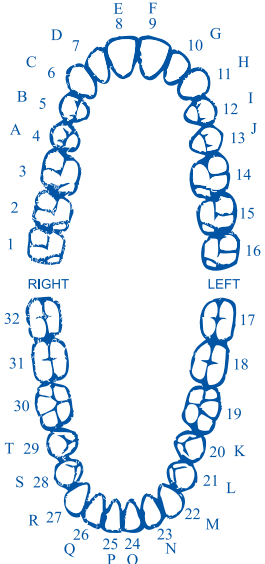
- RESET TEETH CIRCLED LABIAL WIRE
2x2 (No Loops)
3x3 (W/Loops)
Wraparound
Soldered Flat (3x3)

- FIXED APPLIANCES
Space Maintainer
Transpalatal Arch
Habit Appliance
Space Regainer
Bonded RPE
Distal Jet
Other

- ACRYLIC OPTIONS CLASPS/SPRINGS
Anterior Bite Plane
Posterior Bite Plane
No Bite Plane
Full Palate
Horseshoe Palate
Add Expansion Screw
Add Tongue Crib
Add Pontic(s)
Shade
Ball
Arrow
"C" Clasps
Adams
Soldered "C"s
Molar Rests
Finger Spring
Sweep Wire
Z-Spring

- Lingual Arch Upper Lower
1x1 Bonded 2x2 Bonded
3x3 Bonded 4x4 Banded
5x5 Banded 6x6 Banded
Without Adjustment Loops
With Adjustment Loops
Cross-Palatal Lingual Wire
Lingual Bar to Cingulum
Lingual Bar to Middle 1/3 of Teeth
Lingual Bar to Line on Cast
Brackets (Specify)

UPPER COLOR _____



LOWER COLOR _____

R _____

(Use reverse side for comments)

DR'S SIGNATURE: (Required by law) LICENSE NO.

PLEASE SEND Boxes Prescription Forms Labels