



ORTHODONTIC LABORATORIES, INC.
449 SW 771st Rd, Centerview, MO 64019
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DATE SENT _____ DATE WANTED _____

DOCTOR _____

ADDRESS _____

TELEPHONE(_____) _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

PATIENT _____ AGE _____

SPLINT PRESCRIPTION

Please Check:

ACRYLIC TYPE:

- Standard Clear Acrylic CLEARsplint Acrylic™
- Hard\Soft

SPLINT TYPE:

- Upper Lower

BITE PLANE:

- Flat Slight Notches Deep Notches
- Cuspid Guidance Incisal Guidance

BITE OPENING:

- 2MM 3MM 4MM _____MM
- Use Enclosed Bite

CLASPS:

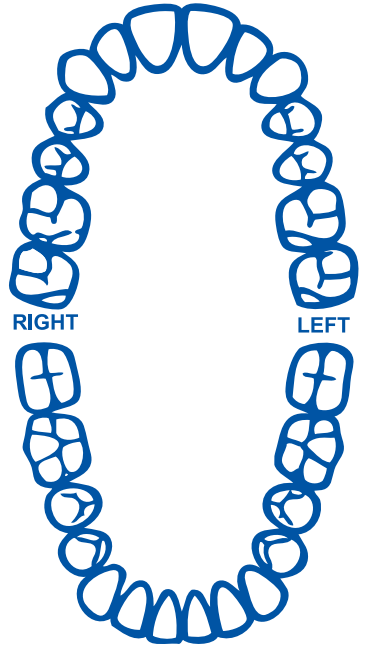
- Ball Adams Arrow
- C-Clasps No Clasps

SPLINT DESIGN:

- Cover Incisal Edges
- Cover Anteriors Facially
- Horseshoe Palate
- Full Palate

MAILING SUPPLIES:

- Boxes
- Prescription Forms
- Mailing Labels



R _____

(use reverse side for comments)

SIGNATURE

LICENSE