

DORAN ORTHODONTIC LAB
 129 Silverleaf Court
 Kingsport, TN 37664
 (423) 246-7918

RETAINER AND/OR
 FIXED APPLIANCE
 PRESCRIPTION

Doctor _____ Phone No. (____) _____
 Address _____
 City _____ State _____ Zip _____
 Patient's Name _____
 Date Sent _____ Date Needed _____

Retainers

HAWLEY RETAINER

- Maxillary
- Mandibular

LABIAL BOW

- Standard 3-3 (w-loops)
- Wrap around

MAND. SPRING RETAINER

- Standard 3-3
- Other Specify _____
- Mand. Modified Spring Ret.

BITE PLATE


- Anterior Posterior
- Clear Retainer (suck down)
- Tru Tain
- Tru Tain & Liner

Other Appliances

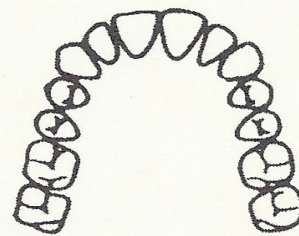
- Rapid Palatal Expander Bonded Banded
- Quad Helix Fixed Removable
- Palatal Button (Nance)
- Palatal Bar
- Space Maintainer
- Study Models
- Lingual Arch Max. Mand.
- 3 x 3 6 x 6 Removable Fixed
- Anterior Repositioning Splint
- Ligated Ant. Repositioning Splint
 - Daytime Nighttime
- Superior Repositioning Splint
- Bruxism Splint
- Crib
- Space Regainer

Acrylic Color Pink Clear

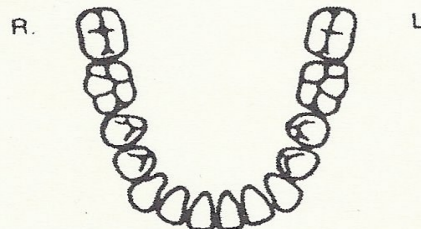
Appliance Designations

- Adams Clasp ← A
- Ball Clasp ← B
- Circumferential Clasp ← C
- Spring ← S
- Bite Plate ≡≡≡
- Bands
- Expansion Screw 
- Space Maintainer Sp.M.
- Tooth → T
- Tooth Shade _____

DESIGN CASE HERE



PLEASE MARK POSTERIOR ACRYLIC LINE



Dr. Signature _____

Lic. No. _____

- Prescription sheets needed
 - Retainers Functional
 - Fixed Appl.

SPECIAL INSTRUCTIONS _____
