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### GENERAL LAB PRESCRIPTION

Doctor _____	Telephone _____	email _____
Address _____	Patient _____	Age _____
City _____	State _____	Zip _____

**Splint**

- Horseshoe
- Anterior Splint
- Deprogramming
- Gelb
- Anterior Guidance
- Cuspid Rise

**Options**

- Glitter
- Colors
- Appliance Insurance
- Remove Brackets

**Fixed Expansion**

- Hilgers T-Rex
- Snodgrass
- Dillingham I
- Dillingham II
- Banded RPE
- Bonded RPE
- Quad Helix
- Bi Helix
- Expider (fan)
- Lower Williams
- Lower E Arch
- Lower Pin Tube

**Date Wanted**

**Appointment Date**

**Sagittal**

- Upper  Lower
- 1 Way  2 Way

**Hawley**

- Upper  Lower
- Adams Clasp
- Ball Clasp
- Embrasure Clasp
- "C" Clasp
- Occlusal Rest
- Labial Bow Soldered
- Labial Bow in Acrylic
- Flat Labial Bow
- Circumferential
- Facial Acrylic

**Bionator**

- To Open Bite
- To Close Bite
- To Maintain Bite
- 1 Screw  2 Screws  3 Screws

**EZ Distalizer**

- Banded  Unilateral
- Bonded  Bilateral
- Add Expansion

**Removable Expansion**

- Upper  Lower

**Lingual Arch**

- Upper  Lower
- With Loops  Without Loops

Rx \_\_\_\_\_

**Spring Retainer**

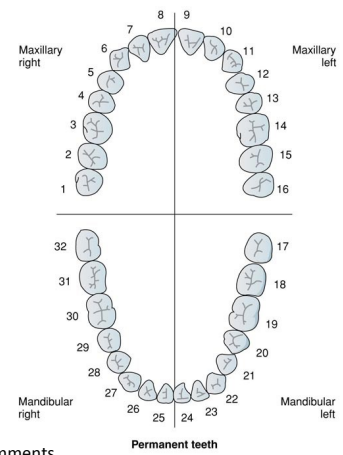
- Upper  Lower
- Cuspid to Cuspid
- Hawley Spring
- Spring Hawley
- Super Spring Plus
- Apex Spring (super)
- Apex Flat TMA Spring

**Bonded Retainer**

- 1x1  2x2  3x3
- With Pads  Without Pads
- Twist Wire
- Flat Wire
- Round Wire
- Transfer Tray
- Krause

**Strip & Reset Teeth**

- Marked  None



Doctor's Comments

Doctor's Signature \_\_\_\_\_

License Number \_\_\_\_\_