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 www.qcortho.com info@qcortho.com

RETAINER PRESCRIPTION

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

SPLINT Upper Lower

- Horseshoe Variflex
- Anterior Hard / Soft
- Deprogramming Soft
- Gelb Posterior
- Anterior Guidance
- Cuspid Rise

SAGITTAL

- Upper Lower
- 2 Way 3Way

REMOVABLE EXPANSION

- Upper Lower

HAWLEY RETAINER

- Upper Lower
- Adams Clasps
- Ball Clasps "C" Clasps
- Embrasure Clasps Occlusal Rests
- Facial Acrylic

BOW

- Soldered
- Distal To Cuspids
- Flat
- Circumferential
- Round Wire Flat Wire

Options

- Glitter
- Colors
- Remove Brackets
- Appliance Insurance

SPRING RETAINER

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

BIONATOR

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

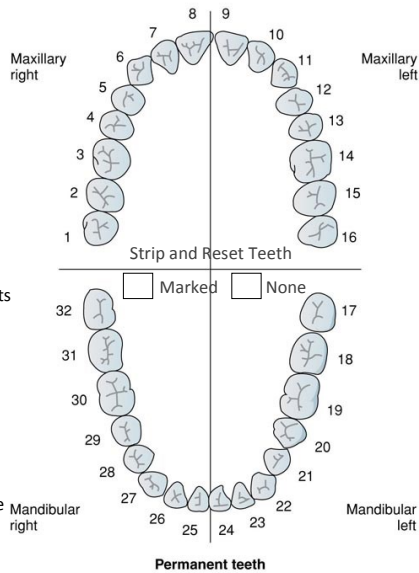
Date Wanted

Appointment Date

- Please Call Concerning Case
- Send Boxes

BONDED RETAINER

- Upper Lower
- Twist Wire Round Wire
- Pads / 3's No Pads
- Flat Wire Transfer Tray
- Krause



Doctor's Comments

 Doctor's Signature

 License Number