
Orthodontics Rx

Doctor: _____
 Address: _____
 Rx Date: _____
 Patient: _____
 Return Date & Time: _____

Call Me
 Doctors Signature: _____
 Licence Number: _____

Splints

- Maxillary
- Mandibular
- Thermal Active
- Hard Acrylic
- Orthotic
- Hard / Soft

Hawley

- Maxillary
- Mandibular
- Spring Aligner
- Wrap Around
- Adapted 3x3
- Welded 6x6

Anti Snore-OSA

- EMA™
 - Sleep Ease
-

Anterior Deprogrammer

- Maxillary
 - Mandibular
- Acrylic Type: _____
 Protrusive Measurement _____
 Max Protrusive Measurement _____

Pressure Formed Laminates

- Maxillary
 - Mandibular
 - Invisible Retainer
 - Nightguard
 - Bleaching Trays
 - Sportsguard
 - Fluoride Tray
- Color: _____

Notes:
