

Carolina Orthodontic Appliances, LLC

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 Chapel Hill, NC 27515
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 (800) 760-5496
 Fax: 1-855-326-8307

Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Patient's Name: _____

Rx Date: _____ Due Date: _____

Maxillary Retainers

- Clasps**
- Adams _____
 - C _____
 - Ball _____
 - Arrow _____
 - Face Bow Tube _____

- Labial Bow**
- Circumferential
 - Soldered to Clasps
 - 2-2
 - 3-3
 - 4-4
 - Flat
 - Stabilizing Wire
 - Other _____

Mandibular Retainers

- Clasps**
- Adams _____
 - C _____
 - Ball _____
 - Arrow _____
 - Occlusal Rest _____

- Labial Bow**
- Circumferential
 - Soldered to Clasps
 - 2-2
 - 3-3
 - 4-4
 - Flat
 - Stabilizing Wire
 - Other _____

Spring Aligners

- Maxillary Mandibular
- 3x3 Spring w/ Extensions
- Spring Aligner Plus
- Spring Aligner Plus II
- Modified Spring Aligner
- Super Modified
- Super Modified II
- No Reset
- Reset

Splints

- Maxillary Mandibular
- Hard Acrylic
- Hard/Soft
- Cuspid guidance

Accessories

- Pontics Portrait _____
- Bioform _____
- Vita Classic _____

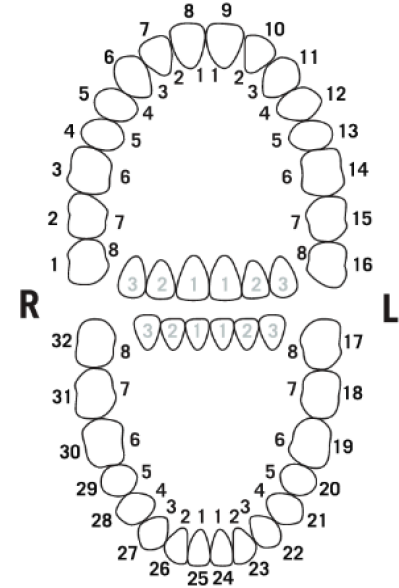
Fixed Appliances

- | | Upper | Lower |
|---------------------------|--------------------------|--------------------------|
| Fixed Anterior Bite Plate | <input type="checkbox"/> | |
| Band & Loop (Unilateral) | <input type="checkbox"/> | <input type="checkbox"/> |
| Lingual Arch (Bilateral) | <input type="checkbox"/> | <input type="checkbox"/> |
| Halterman | <input type="checkbox"/> | <input type="checkbox"/> |
| Distal Shoe | <input type="checkbox"/> | <input type="checkbox"/> |
| Nance | <input type="checkbox"/> | |
| Lip Bumper | <input type="checkbox"/> | <input type="checkbox"/> |
| Habit Tongue Crib | <input type="checkbox"/> | <input type="checkbox"/> |
| Fence Tongue Guard | <input type="checkbox"/> | <input type="checkbox"/> |
| Bluegrass | <input type="checkbox"/> | |

Arch Development

- | | Upper | Lower |
|-----------------------------|--------------------------|--------------------------|
| Hyrax RPE | <input type="checkbox"/> | |
| Exspider RPE | <input type="checkbox"/> | |
| SuperScrew RPE | <input type="checkbox"/> | |
| Bonded RPE | <input type="checkbox"/> | |
| Haas RPE | <input type="checkbox"/> | |
| Quad-Helix | <input type="checkbox"/> | |
| Transpalatal Arch (TPA) | <input type="checkbox"/> | |
| "W" Arch | <input type="checkbox"/> | |
| Double "W" Arch | <input type="checkbox"/> | |
| Pendulum | <input type="checkbox"/> | |
| Pendex | <input type="checkbox"/> | |
| T-Rex | <input type="checkbox"/> | |
| E-Arch | <input type="checkbox"/> | <input type="checkbox"/> |
| Twin Block | <input type="checkbox"/> | <input type="checkbox"/> |
| Bionator I (to open bite) | <input type="checkbox"/> | |
| Bionator II (to close bite) | <input type="checkbox"/> | |
| Gelb | | <input type="checkbox"/> |

LAB USE ONLY



Special Instructions:

Dr. Signature: _____ Lic #: _____