

Orthodontics Rx

New Era Orthodontics Dental Laboratory

281-795-9347 13635 Clarks Fork Drive Houston, Texas 77086 neweraortholab.com

		\mathbf{U}	L	Speciality Appliance			\mathbf{U}	L]	Biocryle Retainer	
Patient Name Da	te Sent					en bite)		☐ Clear	r Biocryle Retainer	
(First) (Last)				Bionator II	(to cl	ose bite)		☐ Custo	tom Design Biocryle Retainer	
Doctor's Name Du	e Date			Twin Block						
		Ш		Twin Block		wley wire				
Address Se	x: M/F Ag	e		Sagittal 2-v						
CityState_	Zip			Sagittal 3-v Fan Expand	-			EOR	R LAB USE ONLY	
Doctor's Signature Dentist License#				_		rylic (Hawley Habit) v	w/loops			
				Schwartz					Misc.	
Person signing this authorization accepts sole responsibility for pay collection costs in the event of suit, including reasonable fees.	ment and agrees to pa			Transverse					☐ Overlapping Springs☐ Molar Distalizing Spring	
				Nord					☐ Helices Springs	
INSTRUCTIONS			Ш	Snoreguard	(oper	anterior-combo)			☐ Finger Springs	
☐ CALL ME (BEFORE PROCEEDING WITH CASE)				τ	L	Splints			□ S-Spring	
						Dipod Appliance			☐ Z-Springs	
						Hard Acrylic NG			☐ Ball Clasp	
						Gelb or Mora			☐ C-Clasp	
						Dual Combo Splint			☐ Adams Clasp	
						Kois Deprogramme			☐ Solder Clasp (Hooks)	
						Kois Deprogramme	r w/o w	rire	☐ Arrow Clasp	
		es Appliance				Sved Splint			☐ Mushroom Springs	
		Loop (uni-lateral)				Soft Mouthguard			☐ Occlusal Rest	
	_	Arch (bi-lateral)				Bleaching Splint			☐ Occlusal Coverage	
7 8 9 10	□ □ Nance					Fluoride Tray			☐ Solder Spring	
6 11 32 2 17		axillary Expander (ban	ded)-			Essix (clear splint)			☐ Bite Plane (anterior)	
5 12 31 18	□ □ Bonded I					Tanner Splint-(cusp			☐ Bite Plane (posterior)	
4 0 13 30 0 19		ntel Arch (TPA)				Anterior Reposition			☐ Strengthening Bar	
3 14 29 20	□ □ Bi-Helix	1.				Sportguard (clear) (~	☐ Teeth	
2)15 28 21	□ □ Quad-He □ □ Lower Fi		(1	TA) =		Sportguard (color) (B1-, mu	iiticolor)	☐ Ortho Repair	
16 27 262524 23 22		xed Transverse Applia ngue Crib (Tongue Thr				4x4 5x5			☐ Brackets	
		amb Crib (Thumb-such					a and ti	ma ng wa	ell as the date needed, on the RX	
UPPER ARCH LOWER ARCH		n "W" Appliance	Kilig)		orm.	y the appointment dat	c and th	inc, as we	if as the date needed, on the KA	
U L <u>Removable</u>						allow adequate turna	round ti	ime. This	means 3-5 days in lab, not	
☐ ☐ Hawley Retainer (Please specify clasp type)	— — RPE-Rap	id Palatal Expander							rush case, please call before 1 pm.	
☐ ☐ Hawley Retainer w/solder "c" clasp on 4's	□ □ Bonded I	RPE w/face mask hook	S						please make sure that bands are	
☐ ☐ Hawley w/o clasp	□ □ Porter Appliance				placed correctly.					
		-			* Please send completed RX form including the doctor's signature and license					
☐ ☐ Wraparound ☐ ☐ Bluegrass		8			numbe			8		
☐ ☐ Wraparound w/color or design (please specify)	□ □ Distal Sh	oe		*	I'm av	ailable to answer any	questio	ons that yo	ou may have.	
□ □ San Antonio Wraparound w/support wire □ □ Porter Appliance		pliance		*	* Invoices are sent out by the 1st of the month.					
☐ ☐ Neon Glow Hawley Retainer (Please specify color)					* Payment due on the 15th of every month.					
☐ Neon Glow Artist Design (Please specify color) ☐ ☐ 3x3 Bonded (cuspid to compare the compared to compared to compare the compared to compared to compare the compared to compared to compare the compared to compared to compared to compared to compared to compare the compared to compared to compared to compared to compared the compared to c				*	* Check is the accepted method of payment.					