

FUNCTIONAL / METAL PRESCRIPTION

Dr. _____
 Address: _____
 City _____ State _____ Zip _____
 Phone: () _____
 Patient: _____
 Date Shipped _____ Placement Date _____



PRECISION ORTHODONTIC APPLIANCES
 P.O. BOX 298 • ADDISON, MI 49220-0298
 PHONE: 1-800-284-8420

BIONATOR To Open
 To Close
 To Maintain

CORRECTOR

MIDLINE SCREW Yes No

ERUPTION FACETS Maximum Eruption
 Buccal Guidance Other _____

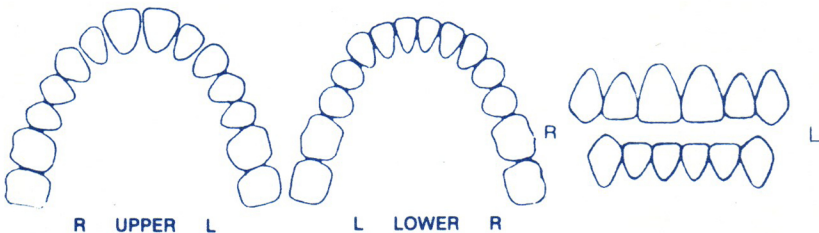
SCHWARZ
 Upper
 Lower

OCCCLUSAL COVERAGE

CLASPS
 Adams Ball "C"
 Arrowhead Delta

SAGITTAL
 Upper
 Lower
 To Distalize Posterior
 To Advance Anterior
 3 Way

ACRYLIC COLOR
 Pink
 Clear
 Other _____



SPECIAL INSTRUCTIONS: _____

METAL APPLIANCES

Rapid Palatal Expansion
 Hygienic Haas
 Bonded

Archwire Tubes .0 _____
 Headgear Tubes .0 _____

Facemask Hooks
 Lower Fixed Expander

Lingual Arch
 3-3 6-6

Transpalatal Arch
 Quad Helix
 Porter Arch
 Nance Button
 Band and Loop
 Thumb Crib
 Tongue Crib
 Other _____
 Fixed
 Removable

PLEASE SEND

Rx Sheets
 Mailing Labels
 Shipping Boxes
 Other _____