

# RETAINER / SPLINT 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

## RETAINERS

### Upper

### Lower

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Hawley - Standard Design<br>(Labial bow plus 1 set of clasps)             |
| <input type="checkbox"/> | <input type="checkbox"/> | Wrap Around Design<br>(.020 support wires and no clasps)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Labial Bow Soldered to Clasps   |
| <input type="checkbox"/> | <input type="checkbox"/> | Spring Retainer <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4 |
| <input type="checkbox"/> | <input type="checkbox"/> | Invisible Retainer  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____   |

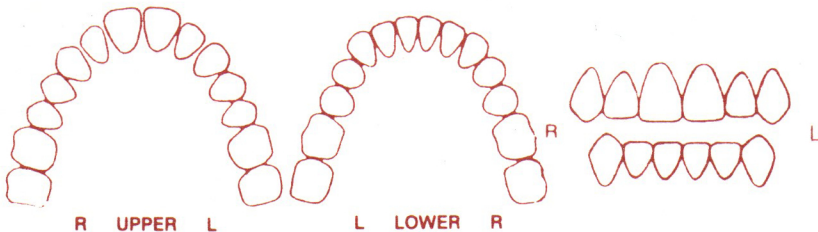
## SET-UP

- Do not reset any teeth
- Reset teeth ideally
- Reset teeth as necessary for compromise alignment
- Over-correct rotations as indicated on diagrams

## STRIPPING

- Do not strip teeth
- Strip contacts as necessary for ideal alignment
- Strip contacts slightly as indicated on diagram

Circle teeth to be reset



## TRIMMING

- Scallop Anteriors
- Horseshoe Palate

## ACRYLIC COLOR

- Pink
- Clear
- Other \_\_\_\_\_

## CLASPS

- Adams     Ball     "C"
- Arrowhead     Delta

## SPLINTS

### Upper    Lower

- |                          |                          |                                      |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Superior Repositioning               |
| <input type="checkbox"/> | <input type="checkbox"/> | Flat Occlusal                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Gelb/Mora                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Dual Laminate (hard with soft liner) |
| <input type="checkbox"/> | <input type="checkbox"/> | Deprogrammer                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____                          |

## PLEASE SEND

- Rx Sheets
- Mailing Labels
- Shipping Boxes
- Other \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_