

Post Office Box 3875, Portland, OR 97208-9846  
 503/238-6006 or 800/222-6721 • Fax 503/231-3684

DOCTOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PATIENT (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

**Rx**

**APPLIANCE** Type \_\_\_\_\_  
 (Indicate color below)

- FIXED  REMOVABLE  UPPER  LOWER  DUOBITE

**POSITIONERS**

(Indicate color below)

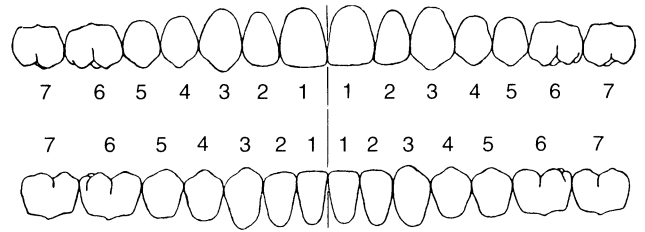
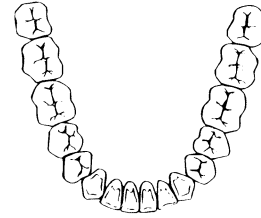
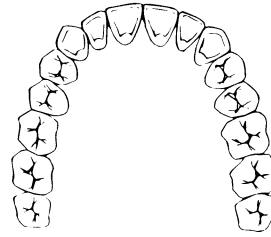
- ELASTOMERIC  VINYL-FLEX  ELASTIC ACRYLIC

**COLOR DESIGN** \_\_\_\_\_

**STUDY MODELS**  STANDARD  BOARD (Tweed / Ricketts)

DOCTOR'S SIGNATURE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ DATE WANTED \_\_\_\_\_

**DAY** \_\_\_\_\_ **HOUR** \_\_\_\_\_  
 AM  
 PM



**SET-UP:**

- RE-SET COMPLETE  RE-SET ANTERIORS  
 RE-SET DESIRED (INDICATE ABOVE)  STRIP DESIRED (INDICATE ABOVE)

**AUXILIARIES:**

- AIR HOLES  ANCHOR CLASPS  
 BALL CLASPS  SOCKET LINER MESH

**BITE:**

HINGE AXIS:  STANDARD  TRACING

REPOSITION \_\_\_\_\_ MM.  VERTICAL \_\_\_\_\_ MM

**SET-UP ON ARTICULATOR:**

- DENAR  WHIP MIX  HANAU  SAM