

Creative Appliances

(630) 243-9693

Orthodontic Laboratory

501 Wexford Drive • Lemont, IL 60439

DATE SENT
DATE WANTED

Doctor _____

Street Address _____

City, State, Zip _____

Telephone _____

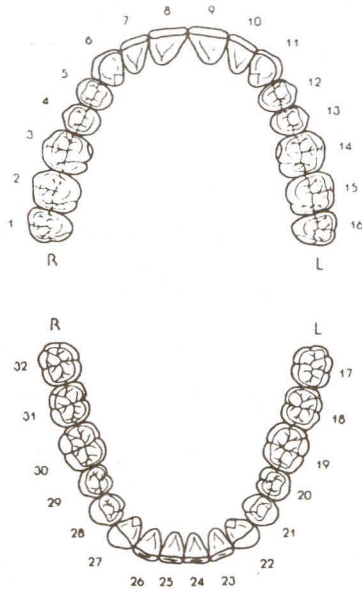
Patient Name _____ Male Female Age _____

Removable Appliances <input type="radio"/> Upper <input type="radio"/> Lower	Labial Bow <input type="radio"/> Hawley <input type="radio"/> Circumferential <input type="radio"/> Other (design)	<input type="radio"/> Bionator to Open Bite <input type="radio"/> Bionator to Close Bite
Orthopedic Corrector <input type="radio"/> To Open Bite <input type="radio"/> To Close Bite	Occlusal Relief <input type="radio"/> Upper Posterior <input type="radio"/> Lower Posterior	Lingual Relief <input type="radio"/> Upper Anterior <input type="radio"/> Lower Anterior
Activator <input type="radio"/> Class II <input type="radio"/> Woodside	<input type="radio"/> Schwarz <input type="radio"/> Jackson	Sagittal <input type="radio"/> Upper <input type="radio"/> Two-way <input type="radio"/> Lower <input type="radio"/> Three-way

Carve brackets and bands off teeth Yes or No

Please call me about this case.

SPECIAL INSTRUCTIONS



DOCTOR'S SIGNATURE _____

LICENSE NO. _____

WHITE - LAB YELLOW - DOCTOR'S COPY