

TO **Dental Associates Laboratory, LLC**

3318 Successful Way
Dayton, Ohio 45414

SUB-CONTRACTOR (If Needed)

Phone: 937-233-7898 Fax: 937-237-9522 Toll Free: 800-732-9817

(PRIMARY CONTRACTOR)

ORTHO

FROM

WORK ORDER NUMBER _____

DR. _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PATIENTS NAME OR IDENTIFICATION NUMBER _____

TYPE OF RESTORATION _____ **AGE** _____

(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY. THE HEREIN DESCRIBED DENTAL RESTORATION)

Please Check:

- Male Female Call Me

DUE DATE:

CASE DESIGN

U L REMOVABLE APPLIANCES

- Wrap-Around Retainer
- Hawley Retainer
- Adams Hawley
- Clear Retainer (Essix)
- Spring Aligner
- Deprogrammer

THERAPEUTICS

- Sports Guard
- Bleaching Tray
- 2mm Soft

STUDY MODELS

- Trimmed & Soaped (polished)
- Duplicate Model

FIXED APPLIANCES

- Unilateral Space Maintainer
- Lower Lingual Holding Arch
- Nance Button
- Banded RPE (Hyrax)
- Quad Helix
- Transpalatal Arch
- Habit Appliance (Please Diagram)

PERMANENT

DECIDUOUS

ACRYLIC ART

U L

PLEASE SPECIFY COLOR

Please Send:

- Mailing Boxes RX Forms

SIGNATURE _____

LICENSE NUMBER _____ **DATE** _____

Thank You!