

IB

INDIRECT BONDING WORLD LLC

ORTHODONTIC LABORATORY

8358 W OAKLAND PARK BLVD SUITE 103 SUNRISE FL 33351, 954-533-9143 Fax 754-551-6341
ajh@indirectbonding.net www.indirectbonding.net

PRESCRIPTION

Date Shipped: _____

Date Due: _____

Dr. *License #*

Address City State & Zip

Phone: Fax: Email:

Doctor's Signature:

Patient Name: _____

FUNCTIONAL & MISCELLANEOUS

- Nance
- Herbst
- Habit Appliance (Please include wax bite)
- Lingual Arch
- Space Maintainer
- Blue Grass
- Mouth guard

RETAINERS

- Standard Retainer w/ _____ Clasps
- Circumferential Retainer
- Passive Clear (Essix) Retainer
- Active clear (Essix) Retainer
- Bonded Lingual Retainer

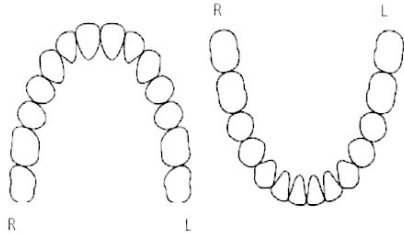
EXPANDERS

- Bihelix
- Quadhelix
- IPC Distalizer
- Hyrax
- Hyrax with Habit
- E-Arch
- Expansion "W"
- Trans palatal arch

ACRYLIC COLORS & DESIGNS

UPPER _____ LOWER _____

PLEASE SPECIFY TEETH TO RESET ON DIAGRAM



ACCESSORIES

- Anterior Bite Plate (Opposing Model + wax Bite)
- Posterior Bite Plate (Opposing Model + Wax Bite)
- Finger Springs
- Pontic Tooth Number _____ Shade _____
- Adams Clasps
- "C" Clasps
- Ball Clasps

SPECIAL INSTRUCTIONS:

PLEASE REMEMBER TO ENTER THE DUE DATE