

Shipping Address
 512 Simmons Street
 Durham, NC 27701
 Ph. 866-321-4550
 www.customsmilesinc.com
 www.ortholabincnc.com



Account # _____

DR. _____	DATE WANTED: ____/____/____
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
PATIENT'S NAME _____ AGE _____ ORDER NO. _____	

Rx

MAXILLARY HAWLEY

MANDIBULAR HAWLEY

CLASPS

CLASPS

- Adams Clasps _____
- C-Clasps _____
- Ball Clasps _____
- Other _____

- Adams Clasps _____
- C-Clasps _____
- Ball Clasps _____
- Other _____

BOW

BOW

- Circumferential
- Soldered to Clasps
- 3-3 Bow
- Other

- Circumferential
- Soldered to Clasp
- 3-3 Bow
- Other

SPRING RETAINERS

SPRING RETAINERS

- Maxillary 3-3
- 3x3 Spring-with Extentions to 6's
- Spring Hawley Plus
- Reset No Reset

- Mandibular 3-3
- 3x3 Spring-with Extentions to 6's
- Spring Hawley Plus
- Reset No Reset

OTHER APPLIANCES, SPECIAL INSTRUCTIONS, OR ACCESSORIES

Acrylic Color: _____

	<p>Please send additional:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rx Pads <input type="checkbox"/> Mailing labels
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PERSONAL SIGNATURE _____ D.M.D., D.D.S.

DENTIST'S LICENSE NO. _____ DATE _____

MUST BE RETAINED FOR 2 YEARS.