



500 Village Park Drive
Powell, Ohio 43065

phone 614.430.8120
fax 614.430.8021
email info@d3dentaldesign.com

DOCTOR'S ACCOUNT NUMBER

DATE SHIPPED

DATE WANTED

Allow 3-5 in lab days

1 day prior to appointment

Patient's Name _____

Drs. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Send: Boxes Mailing Labels RX Forms (Download at www.d3dentaldesign.com)

Case Materials Enclosed: Impression Model Digital File Sent by _____

DENTAL HANDPIECE REPAIR AVAILABLE

REMOVABLE AND FIXED APPLIANCES

REMOVABLE

Indicate:

Upper and/or Lower Appliance

- Hawley
- Wrap Around Hawley (W.A.H.)
- W.A.H. w/ Soldered Adam Clasps
- W.A.H. w/ Support Wires
- Q.C.M. Retainer

- Spring Aligner (3x3) *Indicate*
- Spring Aligner w/ Acrylic Ext. *Resets on*
- Spring Aligner w/ Wire Ext. *Diagram*
- Aligner Trays 1-3 3-5 6-8

- Phase I Retainer
- Anterior Bite Plate
- Posterior Bite Plate
- Retainer w/ Plastic Teeth Shade _____
- Invisible Retainer Reset(s) w/ Teeth
- Athletic Mouth Guard Add Strap
- Bleaching Tray w/ Reservoir w/out Reservoir
- Other _____

FIXED

Indicate: Upper Lower Place Band(s)

- Space Maintainer
- Lingual Arch (3x3, 6x6) w/ Adjustment Loops
- Lingual Arch w/ Mesh Pads
- Lingual Arch (Braided Wire/No Pads)
- Lingual Arch w/ Anterior Bite Plate
- Thumb/Tongue Crib
- Blue Grass
- Nance Button
- Palatal Bar
- Quad Helix Bi-Helix
- Arnold "W" Arch
- Hyrax RPE Haas RPE Bonded RPE
- Distal Jet w/ Expansion Screw
- Pendulum w/ Expansion Screw
- T-Rex
- Other _____

ACRYLIC

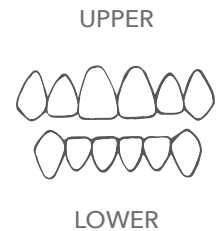
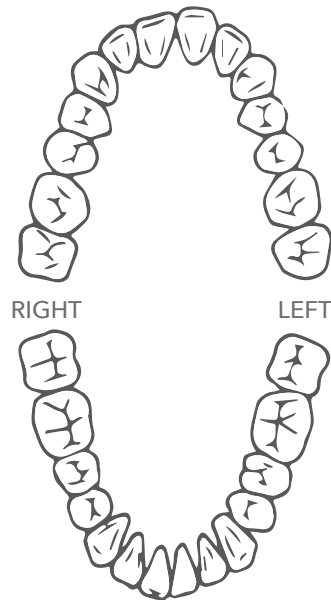
- Pink
- Clear
- Other

SPRINGS

- Finger
- Helix
- "S"

CLASPS

- Ball
- Adams
- "C"
- Arrow



Special Instructions:

Personal Signature of Doctor _____