

Dr.: _____
Patient: _____
Date sent: _____
Due: _____



For lab use

Pan #:

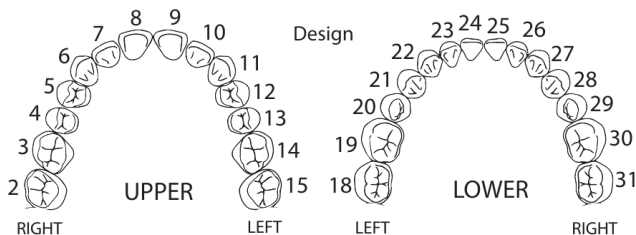
Received:

Call or text: **(805) 500-3515**

CHECK ALL THAT APPLY

- ☐ Maxillary
- ☐ Mandibular
- ☐ Retainer(s)
 - ☐ Hawley
 - ☐ Wraparound
 - ☐ Clear (Essix®-style)
 - ☐ Clear bow
 - ☐ 3-3 spring
 - ☐ Modified spring
 - ☐ Bonded 3x3
 - ☐ Bonded 4x4
- ☐ Hard/Soft night guard
- ☐ CLEARsplint® night guard
- ☐ Soft night guard
- ☐ Bleaching tray(s)
- ☐ Sports mouthguard
- ☐ Custom band(s)
- ☐ Band loop space maint.
- ☐ Lingual holding arch
- ☐ Trans palatal arch
- ☐ Nance
- ☐ Fixed bite plate
- ☐ Space regainer
- ☐ RPE
- ☐ Haas
- ☐ T-Rex
- ☐ Arnold
- ☐ Quad-Helix
- ☐ Bi-Helix
- ☐ Bite plane
- ☐ Split plate
- ☐ Habit appliance

Instructions:



Doctor signature: _____ License #: _____

Send cases/payments to: 701 E. Santa Clara St., Suite V-24, Ventura, CA 93001

Web: sport-odontics.com **E-mail:** sport.odontics@gmail.com