

Shipping Address:  
971 Norfolk Square  
Norfolk, VA 23502  
labonedental.com

**LAB 1 :) CUSTOM SMILES**  
dental laboratory

Phone: 757-455-8686  
Fax: 757-455-8363

Account # \_\_\_\_\_

# ORTHODONTICS RX

DOCTOR \_\_\_\_\_ DATE WANTED \_\_\_/\_\_\_/\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PATIENTNAME \_\_\_\_\_ AGE \_\_\_\_\_ ORDERNO. \_\_\_\_\_

**R<sub>X</sub>**  **MAXILLARY HAWLEY**

**MANDIBULAR HAWLEY**

### CLASPS

- Adams Clasps \_\_\_\_\_
- C-Clasps \_\_\_\_\_
- Ball Clasps \_\_\_\_\_
- Other \_\_\_\_\_

### CLASPS

- Adams Clasps \_\_\_\_\_
- C-Clasps \_\_\_\_\_
- Ball Clasps \_\_\_\_\_
- Other \_\_\_\_\_

### BOW

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

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

### SPRING RETAINERS

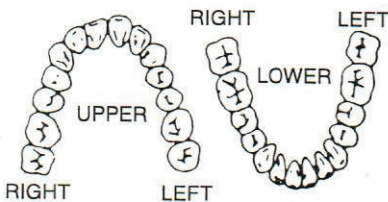
- Maxillary 3-3
- 3x3 Spring-with Extensions to 6's
- Spring Hawley Plus
- Reset  No Reset

### SPRING RETAINERS

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

### OTHER APPLIANCES, SPECIAL INSTRUCTIONS, OR ACCESSORIES

Acrylic Color: \_\_\_\_\_



Please send additional:

- Rx Pads
- Mailing labels

PERSONAL SIGNATURE \_\_\_\_\_ D.M.D., D.D.S.

DENTIST'S LICENSE NO. \_\_\_\_\_ DATE \_\_\_\_\_