

Dr. Marcus Black
2109 S. 54th St. Ste 1
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EMAIL

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REMOVABLES	YOUR CASE DESIGN HERE	FIXED
HAWLEY RETAINER UPPER LOWER		SPACE MAINTAINERS
STANDARD DESIGN _____		___ BAND AND LOOP
WRAP AROUND _____		___ UPPER RANCE
BOW SOLDERED TO CLASP _____		___ LOWER LINGUAL
ACRYLIC ON BOW _____		___ ADD LOOPS ___ STOPS
RETENTION ADAM BALL C-CLASP		___ DISTAL SHOE
ACRYLIC COLORS		SPACE REGAINERS
CLEAR CANDY RED _____		___ JACKSCREW
PINK TISSUE _____		___ COIL SPRINGS
CUSTOM _____		HABITS
AUXILIARIES		___ THUMB ___ BLUE GRASS
___ SPRINGS GEARs HOOKS		___ TONGUE
BITE PLANE ANTERIOR POSTERIOR		EXPANSION APPLIANCES
INVISIBLE RETAINER		___ RPE
UPPER LOWER _____		___ HAAS
INVISIBLE SMILE SERIES / FOR MINOR MOVEMENT		BONDED LINGUAL RETAINER (3X3)
UPPER LOWER _____		___ CIRCLE TEETH TO BE BONDED
SPRING RETAINERS / FOR MINOR MOVEMENT		OTHER SERVICES
UPPER LOWER _____		___ DUPLICATE MODELS
RESET CIRCLED TEETH		___ RETURN WORKING MODELS
<input type="checkbox"/> CALL DOCTOR	___ STUDY MODELS	
<input type="checkbox"/> ESTIMATE		
<input type="checkbox"/> SEND MAILING SUPPLIES		
FUNCTIONAL UPPER LOWER		
SCHWARTS _____		
SAGITTAL _____		
BIONATOR _____		
HINGE FAN _____		
SPLINTS UPPER LOWER		
TMJ _____		
GELB _____		
BRUXISM		
HARD _____		
SOFT/HARD _____		
SOFT _____		
SPORTS MOUTHGUARD _____		

SPECIAL INSTRUCTIONS

Paul set up TPA ortho bracket band case. I will need coil springs as well for open spaces. She is missing some primary
MILAN
PATIENT NAME Bayce Lomax AGE _____
DR'S SIGNATURE M. Black



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Over 65 years
 soldered ball for retainers

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REMOVABLES	YOUR CASE DESIGN HERE	FIXED
HAWLEY RETAINER STANDARD DESIGN _____ WRAP AROUND _____ BOW SOLDERED TO CLASP _____ ACRYLIC ON BOW _____ RETENTION _____ ADAM _____ BALL _____ C-CLASP _____ ACRYLIC COLORS CLEAR _____ CANDY RED _____ PINK TISSUE _____ CUSTOM _____ AUXILIARIES _____ SPRINGS _____ GEARS _____ HOOKS BITE PLANE _____ ANTERIOR _____ POSTERIOR INVISIBLE RETAINER UPPER _____ LOWER _____ INVISIBLE SMILE SERIES / FOR MINOR MOVEMENT UPPER _____ LOWER _____ SPRING RETAINERS / FOR MINOR MOVEMENT UPPER _____ LOWER _____ RESET CIRCLED TEETH _____ FUNCTIONAL SCHWARTS _____ UPPER _____ LOWER _____ SAGITTAL _____ BIONATOR _____ HINGE FAN _____ SPLINTS TMJ _____ UPPER _____ LOWER _____ GELB _____ BRUXISM HARD _____ SOFT/HARD _____ SOFT _____ SPORTS MOUTHGUARD _____	<p>YOUR CASE DESIGN HERE</p> <p>DATE WANTED _____</p> <p><input type="checkbox"/> CALL DOCTOR <input type="checkbox"/> ESTIMATE <input type="checkbox"/> SEND MAILING SUPPLIES</p>	<p>FIXED</p> <p>SPACE MAINTAINERS _____ BAND AND LOOP _____ UPPER NANCE _____ LOWER LINGUAL _____ ADD LOOPS _____ STOPS _____ DISTAL SHOE</p> <p>SPACE REGAINERS _____ JACKSCREW _____ COIL SPRINGS</p> <p>HABITS _____ THUMB _____ BLUE GRASS _____ TONGUE</p> <p>EXPANSION APPLIANCES _____ RPE _____ HAAS</p> <p>BONDED LINGUAL RETAINER (3X3) _____ CIRCLE TEETH TO BE BONDED</p> <p>OTHER SERVICES _____ DUPLICATE MODELS _____ RETURN WORKING MODELS _____ STUDY MODELS</p>

SPECIAL INSTRUCTIONS

*Paul set up TDL
 ortho bracket
 band cage. I will
 need coil springs
 as well for open
 space. She is
 missing some primary*

PATIENT NAME _____ AGE _____
 DR'S SIGNATURE *Boyer Lomax*

