

R X F O R M

Send to: P.O. Box 3636 • Fenton, MO 63026
Ph: 1-800-325-3698 • www.Ordont.com



DR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PH: (____) _____ EMAIL _____

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

SPECIAL INSTRUCTIONS

PATIENT NAME _____ AGE _____

DR'S SIGNATURE _____



R X F O R M

Send to: P.O. Box 3636 • Fenton, MO 63026
Ph: 1-800-325-3698 • www.Ordont.com



DR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PH: (____) _____ EMAIL _____

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

SPECIAL INSTRUCTIONS

PATIENT NAME _____ AGE _____

DR'S SIGNATURE _____



To have Your Appliance Constructed...

- Send Models or Impressions
- Indicate Your Appliance Preference
- No Postage Needed. Simply Cut Out the Label at Right and Tape to Your Package
- Open Account Billing
- Credit Cards Accepted: MasterCard or Visa

Ordont Pays the Postage

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY LABEL

FIRST-CLASS MAIL PERMIT NO: 37 FENTON, MO

POSTAGE WILL BE PAID BY ADDRESSEE

ORDONT
ORTHODONTIC LABORATORIES, INC.
P.O. BOX 3636
FENTON, MO 63026-9710

