

# REMOVABLE and FIXED APPLIANCES

Dr. \_\_\_\_\_

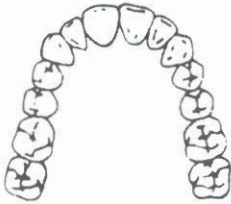
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph. 1-( ) \_\_\_\_\_

Patient (*Print*) \_\_\_\_\_

Date of Impression \_\_\_\_\_

FINISH TIME	



R UPPER L



R LOWER L

Remove brackets, if any  Yes  No

Type appliance \_\_\_\_\_

MAX. ? \_\_\_\_\_  
 Fixed ? \_\_\_\_\_  
 Removable ? \_\_\_\_\_  
 MAND. ? \_\_\_\_\_  
 Fixed ? \_\_\_\_\_  
 Removable ? \_\_\_\_\_

BITE PLANES:  
 No ? \_\_\_\_\_  
 Yes ? \_\_\_\_\_  
 Ant. \_\_\_\_\_  
 Post. \_\_\_\_\_  
 Mount Exactly \_\_\_\_\_  
 to wax bite \_\_\_\_\_  
 Other \_\_\_\_\_

◀ Please describe.  
 TEETH TO ADD, if any  
 # \_\_\_\_\_

Bio Tone Sh. \_\_\_\_\_  
 COLOR  
 Standard  Clear  
 Blue  Yellow  
 Green  Red

DECALS  
 Boy \_\_\_\_\_  
 Girl \_\_\_\_\_

WE NEED Rx's:  
 Func.  Splints  
 Stdy. Mdls.  Ret.  
 Mailing Boxes  
 Fed Ex Air Bills  
 Priority Mailers

Dr. Sig. \_\_\_\_\_ Lic. # \_\_\_\_\_ Date \_\_\_\_\_

## Dockstader

YOUR FULL SERVICE DENTAL LAB

340 WEST CROMWELL, SUITE 102 ■ FRESNO, CALIFORNIA 93711-6113  
 559 / 439-5160 ■ TOLLFREE 1-800 / 433-7168 ■ FAX 559 / 439-8147

