

AOA

COMMUNICATION CENTER

AOA Wisconsin
13931 Spring Street
Sturtevant, WI 53177

Phone: 1-800-262-5221
Fax: 262-886-6879
International: 262-886-1050

Hawley <input type="checkbox"/> Upper <input type="checkbox"/> Lower	QCM Hawley <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Ricketts Labial Bow <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Clasps <input type="checkbox"/> Upper <input type="checkbox"/> Lower Ball Clasps Adams Clasps "C" Clasps Sage Clasps Dunn Clasps Soldered "C" to Bicuspids
Wraparound Hawley <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Options <input type="checkbox"/> Flat wire bow	Stabilizer wires - Between <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	
Wraparound Soldered to Clasps <input type="checkbox"/> Adams <input type="checkbox"/> "C" Clasps	Alternate round wire sizes <input type="checkbox"/> .028 <input type="checkbox"/> .030 <input type="checkbox"/> .036		

Spring Retainers

Basic Retainer (Cuspid to Cuspid)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Spring Retainer with Wire Extensions	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Modified Design (Hawley/Spring)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Modified Design with Helix Coils	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Modified Design with Mushroom Spring	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Super Modified (Hawley/Spring)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Pro-Active Series I	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Pro-Active Series II	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Pro-Active Series III	<input type="checkbox"/> Upper	

Reset teeth - indicate on diagram

<input type="checkbox"/> Do Not Reset	2 1 1 2	<input type="checkbox"/> Strip contacts
<input type="checkbox"/> Reset as Feasible	2 1 1 2	<input type="checkbox"/> Strip all contacts
<input type="checkbox"/> Reset Ideal	2 1 1 2	<input type="checkbox"/> No Stripping

Adaptor

Standard Adaptor with Alastiks	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Adaptor with NiTi Coil Springs	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
Reset	7 6 5 4 3 2 1 1 2 3 4 5 6 7	
	7 6 5 4 3 2 1 1 2 3 4 5 6 7	

LAB USE ONLY	

RETAINER Rx

Dr. _____ Acct # _____

Address _____

City, State, Zip _____

Patient _____

Tel # _____ Fax # _____

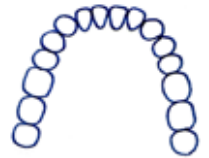
E-Mail _____

Shipped _____ Placement Date _____

(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)
PLEASE WRITE SPECIAL INSTRUCTIONS



R UPPER L



L LOWER R

Trim - Acrylic

<input type="checkbox"/> Scalloped anterior
<input type="checkbox"/> Rounded anterior
<input type="checkbox"/> Anterior Bite Plane
<input type="checkbox"/> Posterior Bite Plane
<input type="checkbox"/> Horseshoe Trim
<input type="checkbox"/> Modified Horseshoe Trim
<input type="checkbox"/> Acrylic on Labial Bow
<input type="checkbox"/> Add Pontic(s) Shade _____

Acrylic Colors

<input type="checkbox"/> Clear
<input type="checkbox"/> Pink Tint
PRO-PAL Series
<input type="checkbox"/> Color(s) _____
<input type="checkbox"/> Glitter(s) _____
<input type="checkbox"/> Designer _____ (Upper Only)

Full Arch Invisible Retainer

<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> .030	<input type="checkbox"/> .040
<input type="checkbox"/> Duraclear .030	

APPLIANCE PROTECTION PLAN:

<input type="checkbox"/> YES
<input type="checkbox"/> NO

PLEASE SHIP EXTRA:

<input type="checkbox"/> PRE-PAID BAGS
<input type="checkbox"/> SHIPPING BOXES
<input type="checkbox"/> PRESCRIPTION SHEETS

Lab Use Only

3 2 1	1 2 3
3 2 1	1 2 3

Laboratory Use Only

HAW _____

SP _____

SU _____

SPL _____

PTC _____

ACRY _____

AAC _____

AAC _____

AAC _____

SHIP _____

RECEIVING

OPEN _____

ID _____

DATE _____

ENTER _____

PULL _____

SHIPPING

PULL _____

LAYOUT _____

PACK _____

SHIP _____

CHECK _____