

1243 E. Broadway Rd. #201 • Tempe, AZ 85282
Ph. (480) 449-0909 • Fax: (480) 449-0999

Doctor: _____

Address: _____

City/State: _____ Zip: _____

Phone: () _____ Sex: _____ Age: _____

Patient: _____ Date/Time Wanted: _____

ENCLOSED

Impressions

Master Model

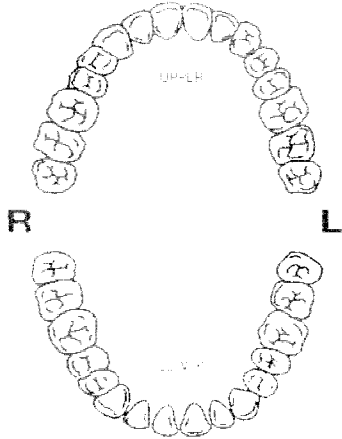
Opposing Model

Bite

Photo

Other _____

CASE DESIGN AND CONSTRUCTION



- | | |
|---------------------------------------|----------------------|
| U L Hawley | U L Hyrax |
| U L Wraparound | U L Space Maintainer |
| U L Sagittal | U L Lingual Arch |
| U L 3-Way | U L Habit Appliance |
| U L Splint | U L Pedo Partial |
| U L Quad | U L Fixed Sagittal |
| U L Modified Spring Ret. | U L W-Arch |
| reset $\frac{21}{21} \frac{12}{12}$ | U L Bionator |
| | U L Twin Block |

clasp as drawn on left

- | | |
|-----------------------------------|-----------------------------------------|
| <input type="radio"/> Ball Clasps | <input type="radio"/> Soldered C-Clasps |
| <input type="radio"/> Adam Clasps | <input type="radio"/> Springs |
| <input type="radio"/> C-Clasps | <input type="radio"/> Soldered Springs |

Color: _____

Instruction:

Signed _____ D.D.S

Dentist's License Number _____ Date _____

All accounts due within 30 days of statement date. A service charge of 2% per month or 24% annual will be added to past due accounts. Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including reasonable attorney fees