



lumident.net
 (800) 411-7472
 (260) 422-8992
 4218 Hobson Ct
 Fort Wayne, IN 46815

Dr _____
FIRST LAST
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone _____
 Patient _____ MALE FEMALE
 Due Date: _____ by 5:00pm

RETAINERS

- Wrap
- Max.Hawley
- Mand. Hawley
- Bonded Retainer
- Max Spring Retainer
- Mand. Spring Retainer
- Max. Invisible Retainer
- Mand. Invisible Retainer
- Max. First Phase Retainer
- Mand. First Phase Retainer

FUNCTIONAL

- Mouthguard
- Bite Plate
- Anterior Deprogrammer
 - with Hawley Wire
 - with Wrap Wire
- Gelb Splint
- Occlusal Guard
 - Max. Hard
 - Mand. Hard / Soft
- Rapid Palatal Expander

MISC. APPLIANCES

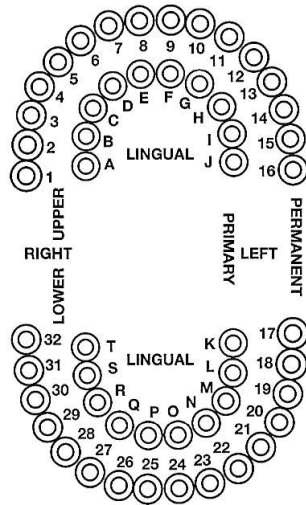
- Hawley w. Tooth
- Replacement Teeth
Shade _____
- Repair
 - Acrylic
 - Solder
- OTHER**
- _____

SOLDERED APPLIANCES

- Space Maintainer
- Banded Expander
- Habit Appliance
- Nance
- Soldered Ling Arch
 - Band Supplied by Lab

Please Call

NOTES



Acrylic Color: _____

SIGNATURE: _____ **LICENSE #** _____

Return the white and yellow copies with the case. Retain the pink copy for your file.



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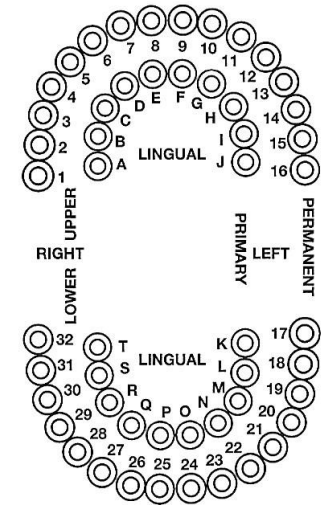
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