

SALVATO ORTHODONTIC LABORATORY, INC.

101 N. EL CAMINO REAL, SUITE 2

SAN MATEO, CA 94401

650-342-2352 Phone & Fax

DATE SENT _____

DATE NEEDED _____

DOCTOR _____

LICENSE # _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER () _____

PATIENT NAME _____ AGE _____

RETAINER

- Hawley-Standard
- Hawley Spring Ret.
- Invisible/Essix .04
- Bleaching Trays
- Stayplate

	UPPER	LOWER
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

APPLIANCE COLOR _____

NIGHTGUARD:

- Upper
- Lower

	Hard	Soft	Dual Laminate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

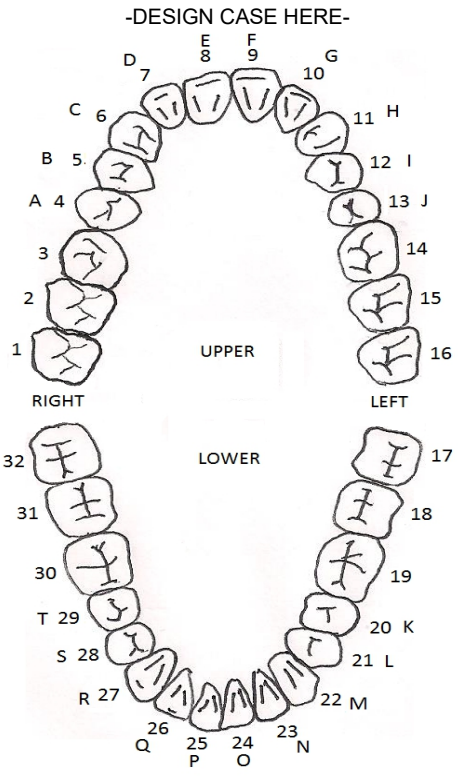
FIXED APPLIANCES

- | | |
|--|---|
| <input type="checkbox"/> Space maintainer | <input type="checkbox"/> Nance |
| <input type="checkbox"/> Transpalatal Arch | <input type="checkbox"/> Habit Appl. |
| <input type="checkbox"/> Haas RPE | <input type="checkbox"/> Space regainer |
| <input type="checkbox"/> Hyrax RPE | <input type="checkbox"/> Quad Helix |
| <input type="checkbox"/> Bonded RPE | <input type="checkbox"/> Other _____ |

LINGUAL ARCH

UPPER LOWER

- | | |
|---|---|
| <input type="checkbox"/> Bonded _____ X _____ | <input type="checkbox"/> Lingual Bar to Cingulum |
| <input type="checkbox"/> Banded _____ X _____ | <input type="checkbox"/> Lingual Bar to Middle 1/3 of teeth |
| <input type="checkbox"/> Without Adjustment Loops | <input type="checkbox"/> Lingual Bar to Line on Cast |
| <input type="checkbox"/> With Adjustment Loops | <input type="checkbox"/> Brackets (specify) _____ |
| <input type="checkbox"/> Trans-Palatal Lingual Wire | <input type="checkbox"/> Other _____ |



RESET TEETH CIRCLED

3	2	1	1	2	3
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R 3 2 1 | 1 2 3 L

LABIAL WIRE

- 2x2 No Loops
- 3X3 w/ Loops
- Wraparound

CLASPS & SPRINGS

- Ball
- Arrow
- "C" Clasp
- Adams
- Molar Clasps
- Finger Spring
- Other _____

ACRYLIC OPTIONS

- Anterior Bite Plane _____ x _____ mm
- Posterior Bite Plane _____ x _____ mm
- No Bite Plane
- Full Palate
- Horseshoe Palate
- Add Expansion screw
- Add Pontic/ shade _____
- Add Lingual spring

STUDY MODELS

- Finished/soaped
- Rough trim

Rx: _____

Doctor's Signature-required