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Date Sent (Impression date) Date Due (2 days prior to appt.)

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Doctor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Select Bow	Size <input type="checkbox"/> 2 x 2 <input type="checkbox"/> 3 x 3 <input type="checkbox"/> 4 x 4	Bow Style <input type="checkbox"/> Flat Wire <input type="checkbox"/> Hawley <input type="checkbox"/> Woodside <input type="checkbox"/> Ricketts <input type="checkbox"/> Clearbow™ <input type="checkbox"/> Bow w/o Loops <input type="checkbox"/> Goshgarian <input type="checkbox"/> QCM	Select Palate	Palate Style <input type="checkbox"/> Horseshoe <input type="checkbox"/> Severe Horseshoe <input type="checkbox"/> Straight
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Patient First Name

Patient Last Name

Select Color <small>Please indicate color code below exactly as it appears in the color chart.</small> _____	Select Clasp	Clasps <input type="checkbox"/> Adams <input type="checkbox"/> Ball <input type="checkbox"/> "C" <input type="checkbox"/> "J" <input type="checkbox"/> Arrow <input type="checkbox"/> Delta <input type="checkbox"/> Reverse "C" <input type="checkbox"/> Ball End "J" or "C"	Indicate Clasping Locations																								
			<table style="margin: auto;"> <tr> <td style="border-right: 1px solid black;">6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td style="border-left: 1px solid black;">1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td style="border-right: 1px solid black;">6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td style="border-left: 1px solid black;">1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> </table>	6	5	4	3	2	1	1	2	3	4	5	6	6	5	4	3	2	1	1	2	3	4	5	6
6	5	4	3	2	1	1	2	3	4	5	6																
6	5	4	3	2	1	1	2	3	4	5	6																

Please call about this case prior to fabrication.
 Enroll this case in Appliance Protection (Additional fee).
 Please make this design a MyWay™. (Representative will call).
 MyWay™ #

Choose Base Design	<input type="checkbox"/> <input type="checkbox"/> Hawley U L Considered the classic retainer. May be fabricated for pure retention or with the addition of springs for minor last minute corrections.	<input type="checkbox"/> <input type="checkbox"/> Retentive Crozat U L The Crozat method of tooth alignment was developed by Dr. George crozat of New Orleans in the 1920s. Although the method is not new it still has its place in today's orthodontic treatment. Carefully draw your design.	<input type="checkbox"/> <input type="checkbox"/> Design your Own / Special Instructions U L Please draw and describe the appliance you desire.
	<input type="checkbox"/> <input type="checkbox"/> Wrap Around <input type="checkbox"/> No Stab Wires U L With a continuous bow that does not cross the occlusion, the Wrap Around is a good choice for tight occlusions. Light wires are added (typically distal the laterals) to provide support for the archwire until your patient becomes comfortable with the appliance. These wires are easily clipped later for maximum interdigation.	<input type="checkbox"/> <input type="checkbox"/> Banded Lingual U L This retainer lasered to bands is a long-time favorite style for fixed retention.	
	<input type="checkbox"/> <input type="checkbox"/> Bonded Lingual <input type="checkbox"/> End Tabs <input type="checkbox"/> Individual Tabs U L A bandless version of the banded lingual retainer.	<input type="checkbox"/> <input type="checkbox"/> Circumferential <input type="checkbox"/> Soldered <input type="checkbox"/> Lasered U L This clasped retainer gives you the benefit of a Wrap Around in that it does not cross the anterior occlusion but adds the flexibility and security of retention.	

Please Send: <input type="checkbox"/> Boxes <input type="checkbox"/> Color Chart <input type="checkbox"/> Foam <input type="checkbox"/> Imp. Bags <input type="checkbox"/> Labels <input type="checkbox"/> Product Catalog	Rx (Select Types): <input type="checkbox"/> Arch Development <input type="checkbox"/> Asterisx™ <input type="checkbox"/> Finishing/Aligning <input type="checkbox"/> Functional <input type="checkbox"/> Habit <input type="checkbox"/> Health/Safety	<input type="checkbox"/> Herbst® <input type="checkbox"/> Most Requested <input type="checkbox"/> Retention <input type="checkbox"/> Space Maintenance <input type="checkbox"/> Splint <input type="checkbox"/> Study Model
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License #: _____
 Signature: _____

IMPORTANT: Prescription not valid without license # and signature.
 White: Lab Copy Yellow : Doctor Copy