

Shipping Address:
123 Fish Drive
Angier, NC 27501
customsmilesinc.com

:) CUSTOM SMILES
dental laboratory

Phone: 866-321-4550
Fax: 919-331-2089

Account # _____

ORTHO LAB

DOCTOR _____ DATE WANTED ___/___/___

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENTNAME _____ AGE _____ ORDERNO. _____

R_x **MAXILLARY HAWLEY**

MANDIBULAR HAWLEY

CLASPS

- Adams Clasps _____
- C-Clasps _____
- Ball Clasps _____
- Other _____

CLASPS

- Adams Clasps _____
- C-Clasps _____
- Ball Clasps _____
- Other _____

BOW

- Circumferential
- Soldered to Clasps
- 3-3 Bow
- Other

BOW

- Circumferential
- Soldered to Clasps
- 3-3 Bow
- Other

SPRING RETAINERS

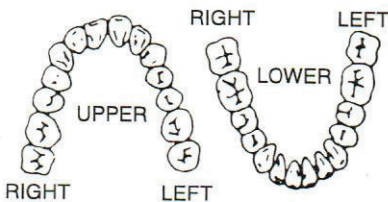
- Maxillary 3-3
- 3x3 Spring-with Extentions to 6's
- Spring Hawley Plus
- Reset No Reset

SPRING RETAINERS

- Mandibular 3-3
- 3x3 Spring-with Extentions to 6's
- Spring Hawley Plus
- Reset No Reset

OTHER APPLIANCES, SPECIAL INSTRUCTIONS, OR ACCESSORIES

Acrylic Color: _____



Please send additional:

- Rx Pads
- Mailing labels

PERSONAL SIGNATURE _____ D.M.D., D.D.S.

DENTIST'S LICENSE NO. _____ DATE _____