

Shipping Address:  
2110 Maywill Street  
Richmond, VA 23230  
customsmilesinc.com

:) CUSTOM SMILES  
dental laboratory

Phone: 804-358-2113  
Fax: 804-355-5652

Account # \_\_\_\_\_

# ORTHODONICS RX

DOCTOR \_\_\_\_\_ DATE WANTED \_\_\_/\_\_\_/\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PATIENTNAME \_\_\_\_\_ AGE \_\_\_\_\_ ORDERNO. \_\_\_\_\_

R<sub>X</sub>  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

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

### SPRING RETAINERS

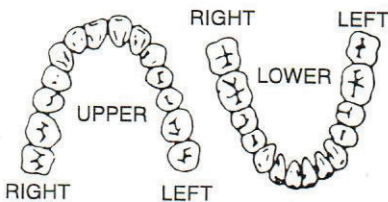
- Maxillary 3-3
- 3x3 Spring-with Extentions to 6's
- Spring Hawley Plus
- Reset  No Reset

### 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 \_\_\_\_\_