



4375 E Arlington St, #3, Inverness, FL 34453 850.230.6696 •
www.FreedomOrthoLab.com DL# 11102

Doctor: _____ Patient: _____
Office: _____ Please Return Case by 5pm on this day: _____
Assistant: _____ The Doctor has: _____
Date of Impression: _____ Checked Impression Checked Model Checked Prescription
Opposing Model? _____ Bite Registration? _____ Tooth Shade? _____

- BAND AND LOOP
- LLHA Add Adj. Loops
- NANCE Add Adj. Loops
- HABIT APPLIANCE
- RPE/HYRAX
- QUAD HELIX
- PEDO PARTIAL
- DISTAL SHOE
- TRANS PALATIAL BAR
- VERTICAL HOLDING ARCH
- OTHER

Upper

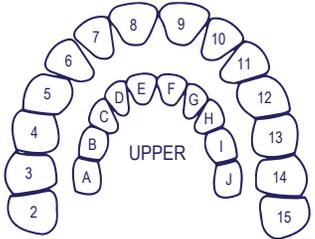
Please Construct: _____

Color/Logo/Design: _____ LAB USE ONLY

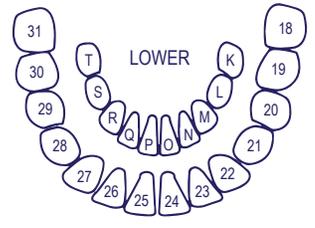
Please Construct: _____

Color/Logo/Design: _____

Lower



Bands Included
R Band Size _____ LEFT
L Band Size _____



Doctor Signature: _____ **REQUIRED** License#: _____ **REQUIRED** Date: _____

Additional comments on reverse



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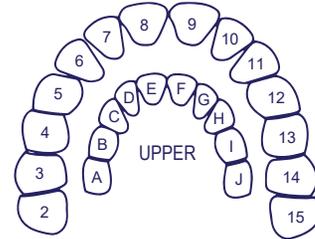
Please Construct: _____

Color/Logo/Design: _____ LAB USE ONLY

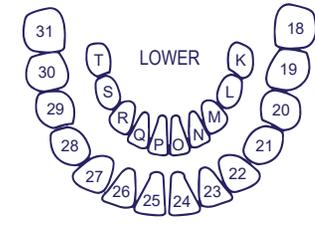
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