



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: \_\_\_\_\_

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Color/Logo/Design: \_\_\_\_\_ LAB USE ONLY

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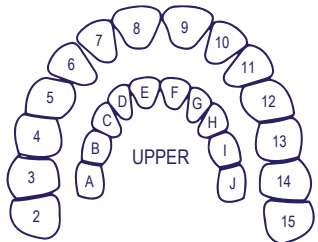
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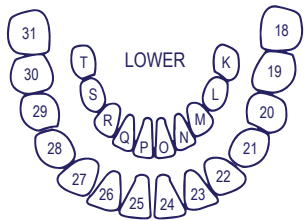
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Lower



☐ Bands Included

RIGHT R Band Size \_\_\_\_\_ LEFT  
L Band Size \_\_\_\_\_



Doctor Signature: \_\_\_\_\_ REQUIRED License#: \_\_\_\_\_ REQUIRED Date: \_\_\_\_\_

☐ Additional comments on reverse



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Upper

Please Construct: \_\_\_\_\_

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Color/Logo/Design: \_\_\_\_\_ LAB USE ONLY

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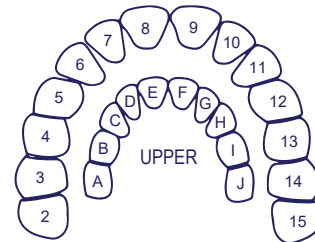
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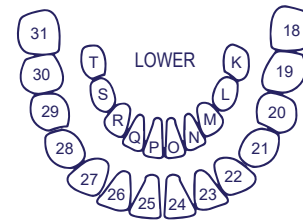
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Lower



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RIGHT R Band Size \_\_\_\_\_ LEFT  
L Band Size \_\_\_\_\_



Doctor Signature: \_\_\_\_\_ REQUIRED License#: \_\_\_\_\_ REQUIRED Date: \_\_\_\_\_

☐ Additional comments on reverse