EDET DOM APTUO AP								
					Patient:		Age: M / F	
FREEDOM ORTHO LAB we help navigate smiles								
FL DL# 1102								
4375 E Arlington St #3 Inverness, FL 34453 850.230.6696 • www.FreedomOrthoLab.com					DATE NEEDED:RE	EQUIRED Contact Phone: re the DATE NEEDED. If date needed is left	blank we will manufamili shin	
<u>~</u>	030.230.0	030.230.0030 www.r recdomort		J.COIII	appliance within 7 to 10 business days from date of reciept.			
se Or	SHIPPING	REC'D	POUR	FAB CODE		es must be cleared with the lab b LLOW 5 IN LAB PROCESSING	•	
Lab Use Only					□Please			
	BOX#	MATERIAL	LOT#	SHIP DATE			U.O.T.O.N.O.	
HAWLEY RETAINERS CLASPING					PING OPTIONS	SPECIAL INSTR	CUCTIONS	
	pper Lower	wlev Stand	dard	□ "C	C" Clasps			
☐ ☐ Hawley Standard				☐ Ac	dams Clasps ———————————————————————————————————			
☐ ☐ Flat Bow Hawley					II Clasps			
D Chave allowed M/verse avec all					row Clasps			
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'					ldered "C"	☐ Additional comments	on reverse	
Stabilizer Wires - Between: ACCE				ACCE	SSORIES		_	
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l a la								
Material Thickness Options Lower: □ 0.40 (Standard)								
Gstandard)								
WE ARE ENCLOSING:						RESET TEETH CIRCLED	ON DIAGRAM	
□ Photos Models □U □L Bands UR UL						☐ Do Not Reset ☐ Reset Ideally		
☐ Pontics Impressions ☐U ☐L						☐ Compromise Reset ☐ Do Not Strip Teeth		
'						$L = \begin{bmatrix} 3 & 2 & 1 & 1 \\ \hline 3 & 2 & 1 & 1 \end{bmatrix}$	2 3 R	
☐ X-Rays Bite Registration ☐ Tooth Shade————					3 2 1 1	2 3		
ı	have check				SEND ADDITIONAL			
☐ Model ☐ Prescription ☐ Bite Registration ☐ Impression ☐ Band Position and authorize the procedure using:						☐ Shipping Boxes ☐ Rx Form	s 🗖 Prepaid Labels	
□ the above write-up □ my standard Rx on file with the lab □ Freedom Orthodontic Laboratory standard on file at my office								
D						#: REQUIRED Expires	_	
	IMPORTAN	IT! MUST HA	AVE SIGNAT			MPLETE CASE WRITE UP DUE TO	FLORIDA LAW.	
	Missing information will delay your case.							

We also fabricate all types of SPLINTS & CLEAR aligners. Please call us for a lab RX!