PucheDental
ORTHODONTIC LABORATORY

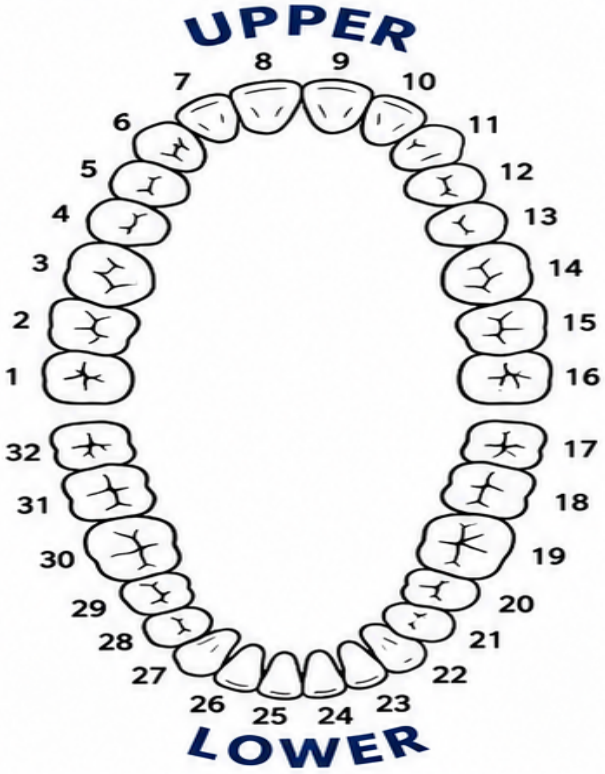
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(310) 320-9460
info@puchedental.com
www.puchedentallabs.com

Office Name: Address: ( )

Dr. Name: Phone #:

Patient's Name: (Mandatory Field) **Deliver by 5 pm on** ____ / ____ / ____

Rx *Instructions:*



Signature: Today's Date: License #:

☐ ***Study Models***

Night Guards (☐ Upper ☐ Lower):
- ☐ Acrylic Splint
- ☐ Talon
- ☐ Dual Laminate
- ☐ Soft Night Guard
- ☐ Mora
- ☐ Bleaching
- ☐ True Tain
- ☐ Sport Guard:
  - ☐ Med ☐ Hvy ☐ Strap

Hawley Retainers (☐ Upper ☐ Lower):
- ☐ Adam Clasps
- ☐ Ball Clasps
- ☐ "C" Clasps
- ☐ Soldered "C" Clasps
- ☐ Wraparound

Space Maintainer:
- ☐ Unilateral / Band and Loop
- ☐ Bilateral / 6 x 6 / LLHA
- ☐ Bonded / 3 x 3
- ☐ Transpalatal Arch

Expanders (☐ Upper ☐ Lower):

Fixed:
- ☐ Rapid Palatal Expander (RPE)
  - ☐ Banded
  - ☐ Acrylic Bonded

Removable Expanders:
- ☐ Schwartz
- ☐ Three Way Expander
- ☐ Fan Expander

☐ ***Acrylic Flipper*** – Shade: ____

Supplies:
- ☐ More Prescription Slips
- ☐ Shipping Boxes

All appliances come with a 30 day warranty with no change in design (No Return)