LAB USE ONLY

Retainer Rx

Dr. _____ Acct # _____

Address _____

City, State, Zip _____

Patient _____

Tel # _____ Fax # _____

E-Mail _____

Shipped _____ Placement Date _____

(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)

Please Ship Extra

☐ Pre-Paid Bags ☐ Shipping Boxes ☐ Prescription Sheets

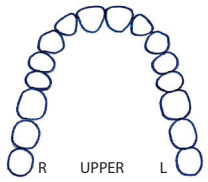
Submitted scans digitally through:

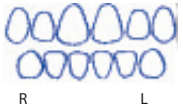
☐ Lythos ☐ iTero ☐ 3M ☐ Box ☐ Other _____

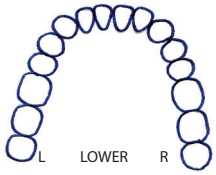
(Submit digital Rx to: digital.services@aoalab.com)

Special Instructions

Instructional Drawing







Lab Use Only

3 2 1	1 2 3
3 2 1	1 2 3

APPLIANCE PROTECTION PLAN:
☐ YES
☐ NO

1. Spring Retainers

Please mark set-up below

Spring Retainer (Cuspid to Cuspid)	☐ Upper	☐ Lower
Spring Retainer with Wire Extensions	☐ Upper	☐ Lower
Modified Design	☐ Upper	☐ Lower
Modified Design with Helix Coils	☐ Upper	☐ Lower
Modified Design with Mushroom Spring	☐ Upper	☐ Lower
Super Modified	☐ Upper	☐ Lower
Pro-Active Series I	☐ Upper	☐ Lower
Pro-Active Series II	☐ Upper	☐ Lower
Pro-Active Series III	☐ Upper	

2. Reset teeth - indicate on diagram

☐ Do Not Reset ☐ Strip if Needed
☐ Reset as Feasible ☐ Strip all Contacts
☐ Reset Ideal ☐ No Stripping

R ☐ ☐ | ☐ ☐
2 1 | 1 2
2 1 | 1 2
☐ ☐ | ☐ ☐ L

3. Adaptor

Standard Adaptor with Alastiks	☐ Upper	☐ Lower
Adaptor with NiTi Coil Springs	☐ Upper	☐ Lower

Reset

R ☐☐☐☐☐☐☐ | ☐☐☐☐☐☐☐ L
7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
☐☐☐☐☐☐☐ | ☐☐☐☐☐☐☐
7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

4. Hawley Retainers

Traditional Hawley
☐ Upper
☐ Lower

QCM Hawley
☐ Upper
☐ Lower

Options	U	L
Flat wire bow	☐	☐
Ricketts bow	☐	☐

	Upper	Lower
Ball Clasps	☐	☐
Adams Clasps	☐	☐
"C" Clasps	☐	☐
Sage Clasps	☐	☐
Dunn Clasps	☐	☐
Soldered "C" to Bicuspids	☐	☐

Wraparound Hawley
☐ Upper
☐ Lower

Wraparound Soldered to Clasps	U	L
Adams	☐	☐
"C" Clasps	☐	☐

Stabilizer wires - Between
☐ 2-3 ☐ 3-4 ☐ 4-5

Options	U	L
Flat wire bow	☐	☐

5. Trim - Acrylic

☐ Scalloped anterior
☐ Anterior Bite Plane
☐ Posterior Bite Plane
☐ Horseshoe Trim
☐ Modified Horseshoe Trim
☐ Acrylic on Labial Bow
☐ Add Pontic(s) Shade _____

Acrylic Colors
☐ Clear
☐ Pink Tint
☐ Color(s) _____
☐ Glitter(s) _____
☐ Designer _____ (Upper Only)

6. Full Arch Invisible Retainer

☐ Upper ☐ Lower ☐ .030 ☐ .040 ☐ Duraclear .030

Doctor Signature _____

AOA

Allesee Orthodontic Appliances - 13931 Spring Street - Sturtevant, WI 53177
Phone 1-800-262-5221 - Fax 262-886-6879 - International 262-886-1050