

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

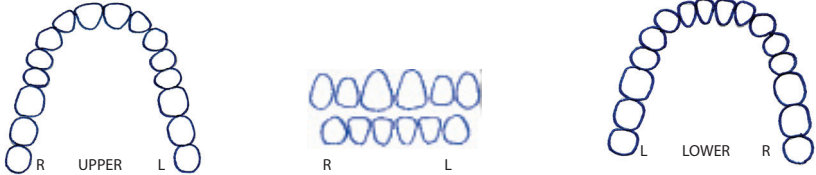
**Submitted scans digitally through:**

- Lythos   
  iTero   
  3M   
  Box   
  Other \_\_\_\_\_

**(Submit digital Rx to: digital.services@aolab.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

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

### 1. Spring Retainers

**Please mark set-up below**

- |                                      |                                |                                |
|--------------------------------------|--------------------------------|--------------------------------|
| Spring Retainer (Cuspid to Cuspid)   | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Spring Retainer with Wire Extensions | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Modified Design                      | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Modified Design with Helix Coils     | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Modified Design with Mushroom Spring | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Super Modified                       | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Pro-Active Series I                  | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Pro-Active Series II                 | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Pro-Active Series III                | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |

### 2. Reset teeth - indicate on diagram

<input type="checkbox"/> Do Not Reset	<input type="checkbox"/> Strip if Needed	<table style="border-collapse: collapse;"> <tr><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="border-left: 1px solid black; padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">1</td><td style="border-left: 1px solid black; padding: 0 5px;">1</td><td style="padding: 0 5px;">2</td></tr> <tr><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">1</td><td style="border-left: 1px solid black; padding: 0 5px;">1</td><td style="padding: 0 5px;">2</td></tr> <tr><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="border-left: 1px solid black; padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	1	2	2	1	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
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2	1	1	2																
2	1	1	2																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> Reset as Feasible	<input type="checkbox"/> Strip all Contacts	R																	
<input type="checkbox"/> Reset Ideal	<input type="checkbox"/> No Stripping																		

### 3. Adaptor

Standard Adaptor with Alastiks	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower																																																						
Adaptor with NiTi Coil Springs	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower																																																						
Reset	<input type="checkbox"/>	<input type="checkbox"/>																																																						
<table style="border-collapse: collapse; margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 5px;">7</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">1</td> <td style="border-left: 1px solid black; padding: 0 5px;">1</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">7</td> </tr> <tr> <td style="padding: 0 5px;">R</td><td colspan="12" style="border-top: 1px solid black;"></td><td style="padding: 0 5px;">L</td> </tr> <tr> <td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td> <td style="border-left: 1px solid black; padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td><td style="padding: 0 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 0 5px;">7</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">1</td> <td style="border-left: 1px solid black; padding: 0 5px;">1</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">7</td> </tr> </table>	7	6	5	4	3	2	1	1	2	3	4	5	6	7	R													L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	6	5	4	3	2	1	1	2	3	4	5	6	7
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### 4. Hawley Retainers

Traditional Hawley	QCM Hawley	Upper	Lower
<input type="checkbox"/> Upper	<input type="checkbox"/> Upper	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lower	<input type="checkbox"/> Lower	<input type="checkbox"/>	<input type="checkbox"/>
Options	U    L	Ball Clasps	<input type="checkbox"/>
Flat wire bow	<input type="checkbox"/>	Adams Clasps	<input type="checkbox"/>
Ricketts bow	<input type="checkbox"/>	"C" Clasps	<input type="checkbox"/>
		Sage Clasps	<input type="checkbox"/>
		Dunn Clasps	<input type="checkbox"/>
		Soldered "C"	<input type="checkbox"/>
		to Bicuspid	<input type="checkbox"/>

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Wraparound Hawley	Wraparound Soldered to Clasps	Stabilizer wires - Between		
<input type="checkbox"/> Upper	U    L	<input type="checkbox"/> 2-3	<input type="checkbox"/> 3-4	<input type="checkbox"/> 4-5
<input type="checkbox"/> Lower	Adams	<input type="checkbox"/>	<input type="checkbox"/>	U    L
	"C" Clasps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Options	U    L	<input type="checkbox"/>
		Flat wire bow	<input type="checkbox"/>	<input type="checkbox"/>

### 5. Trim - Acrylic

<input type="checkbox"/> Scalloped anterior	<input type="checkbox"/> Clear
<input type="checkbox"/> Anterior Bite Plane	<input type="checkbox"/> Pink Tint
<input type="checkbox"/> Posterior Bite Plane	
<input type="checkbox"/> Horseshoe Trim	<input type="checkbox"/> Color(s) _____
<input type="checkbox"/> Modified Horseshoe Trim	<input type="checkbox"/> Glitter(s) _____
<input type="checkbox"/> Acrylic on Labial Bow	<input type="checkbox"/> Designer _____ (Upper Only)
<input type="checkbox"/> Add Pontic(s) Shade _____	

### 6. Full Arch Invisible Retainer

- Upper   
  Lower   
  .030   
  .040   
  Duraclear .030

Doctor Signature \_\_\_\_\_

