

**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**

Shipping Boxes  Prescription Sheets

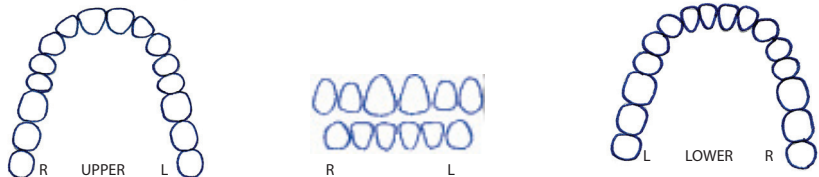
**Submitted scans digitally through:**

Lythos  iTero  3Shape  Midmark  Other \_\_\_\_\_

**(Submit digital Rx to: [digital.services@aolab.com](mailto: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**

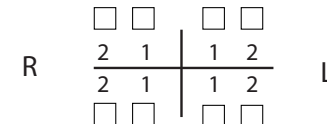
**1. Spring Retainers**

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    |
| <input type="checkbox"/> Reset as Feasible | <input type="checkbox"/> Strip all Contacts |
| <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"/>       |
- |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| R | 7                        | 6                        | 5                        | 4                        | 3                        | 2                        | 1                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 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                        |   |

**4. Hawley Retainers**

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

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

