



RICOH ORTHODONTIC APPLIANCES

Metal Appliance Form

Doctor: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____
 Patient Name: _____
 Date Shipped: _____ **Date Needed:** _____
 ○Please Call To Discuss Case

Office Use:
Date Received: _____
Models:
 Upper Lower Both
Impressions:
 Upper Lower Both
Bands _____ **Crowns** _____

Fixed Expanders

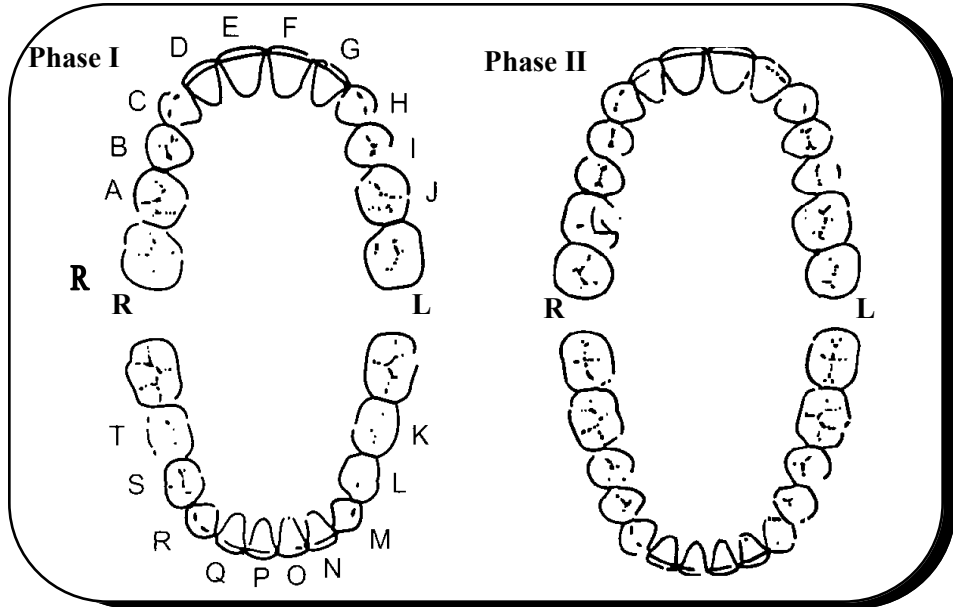
Rapid Palatal Expander Hyrax	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Palatal Expander Hass	<input type="checkbox"/>	<input type="checkbox"/>
Mini Rapid Palatal Expander	<input type="checkbox"/>	<input type="checkbox"/>
Bonded Expander Mcnamara	<input type="checkbox"/>	<input type="checkbox"/>
Memory Screw Expander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Quad <input type="checkbox"/> Helix	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Removable		
RES Ratchet Screw	<input type="checkbox"/>	<input type="checkbox"/>
Spider Fan Expander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E-Arch <input type="checkbox"/> W-Arch	<input type="checkbox"/>	<input type="checkbox"/>
Wilson 3-D	<input type="checkbox"/>	<input type="checkbox"/>

Fixed Appliances

Nance Appliance	<input type="checkbox"/>	<input type="checkbox"/>
Transpalatal Arch	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fixed <input type="checkbox"/> Removable	<input type="checkbox"/>	<input type="checkbox"/>
6x6 Lingual Arch	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fixed <input type="checkbox"/> Removable		
Distal Shoe	<input type="checkbox"/>	<input type="checkbox"/>
Lip Bumper	<input type="checkbox"/>	<input type="checkbox"/>
Habit Appliance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crib <input type="checkbox"/> Spurs		
Fixed Bite Plane	<input type="checkbox"/>	<input type="checkbox"/>
Bluegrass	<input type="checkbox"/>	<input type="checkbox"/>
Pedo Partial	<input type="checkbox"/>	<input type="checkbox"/>
Unilateral Space Maintainer	<input type="checkbox"/>	<input type="checkbox"/>

Fixed Distalizers

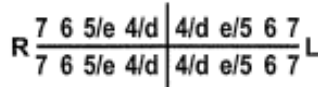
Hilgers Pendulum	<input type="checkbox"/>	<input type="checkbox"/>
Hilgers Pendex	<input type="checkbox"/>	<input type="checkbox"/>
T-Rex Pendulum	<input type="checkbox"/>	<input type="checkbox"/>
PHd Appliance	<input type="checkbox"/>	<input type="checkbox"/>
Distalizer 2 mini screws	<input type="checkbox"/>	<input type="checkbox"/>
Distal Jet	<input type="checkbox"/>	<input type="checkbox"/>
CD Distalizer	<input type="checkbox"/>	<input type="checkbox"/>



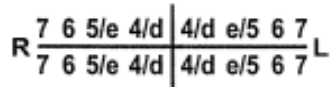
Inman Power Component

IPC Standard Distalizer	<input type="radio"/>	<input type="radio"/>	IPC Close Open Bite	<input type="radio"/>	<input type="radio"/>
IPC Anterior Advancement	<input type="radio"/>	<input type="radio"/>	IPC Spring Aligner	<input type="radio"/>	<input type="radio"/>
IPC Expander Distalizer	<input type="radio"/>	<input type="radio"/>	IPC Space Regainer	<input type="radio"/>	<input type="radio"/>
IPC Expander Advancement	<input type="radio"/>	<input type="radio"/>	IPC Regainer Bilateral	<input type="radio"/>	<input type="radio"/>
IPC Distalizer One side	<input type="radio"/>	<input type="radio"/>	IPC E. Arch	<input type="radio"/>	<input type="radio"/>

CIRCLE CROWNS TO BE SEATED



CIRCLE BANDS TO BE SEATED



Accessories:

Face Mask Hooks	<input type="radio"/>	<input type="radio"/>
Head Gear Tunes .045	<input type="radio"/>	<input type="radio"/>
Add Lingual Sheaths	<input type="radio"/>	<input type="radio"/>
Soldered Hooks	<input type="radio"/>	<input type="radio"/>
Archwire Tubes	<input type="radio"/>	<input type="radio"/>
○.018 .022		
Pontic Shade: _____		
Acrylic Color: _____		

Digital Files

Scan models	<input type="radio"/>	<input type="radio"/>
Print model	<input type="radio"/>	<input type="radio"/>
Send STL files.	<input type="radio"/>	<input type="radio"/>
Email Address _____@_____		

Doctor Signature:

Special Instructions:

