Reset Form Submit Form

RETAINER APPLIANCE FORM

RICOH ORTHODONTIC APPLIANCES

Doctor: _____

Address: _____

City: _____ State: ___ Zip: _____ Phone: _____

Patient Name: _____

Date Shipped by office: _____ **Date Needed in office:** _____
(Not the actual patient appointment)

Please call to discuss case ☐

OFFICE USE

Date Received: ___/___/___

MODELS: Upper Lower Both

IMPRESSIONS: Upper Lower Both

DIGITAL FILE: Upper Lower Both

BANDS ___ **CROWNS** ___

RETAINERS

	U	L
Hawley w/ 1 set of Clasps C Clasps	☐	☐
Wrap Around Labial Wire	☐	☐
Wrap Around With Bite plane	☐	☐
Labial Bow Soldered to Clasps	☐	☐
Flat Bow Labial Wire	☐	☐
Tooth Aligner	☐	☐
Invisible Retainer ☐ .30 ☐ .40	☐	☐
Zendura	☐	☐

SPRING RETAINERS

Cuspid to Cuspid	☐	☐
Bicuspid to Bicuspid	☐	☐
Spring Hawley Combination 3x3	☐	☐
Spring Hawley Combination 4x4	☐	☐
Spring Hawley With Helix Colix	☐	☐
Spring Hawley Wrap Around	☐	☐
Spring Hawley Labial Bow Soldered	☐	☐

Reset Teeth Circled on Diagram Below

R	3	2	1	1	2	3	L
	3	2	1	1	2	3	

EXPANDERS

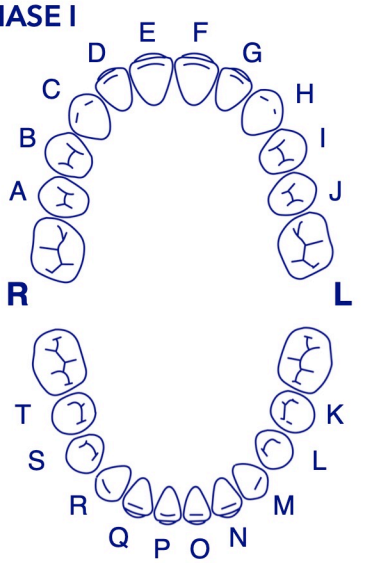
Schwartz Plate 1 Screw	☐	☐
Schwartz Plate 2 Screws	☐	☐
Standard Sagital 2 Screws	☐	☐
Standard Sagital 3 Screws	☐	☐
Fan Type Screw	☐	☐
Bertoni Three Way Screw	☐	☐
Occlusal Coverage	☐	☐

DIGITAL FILES

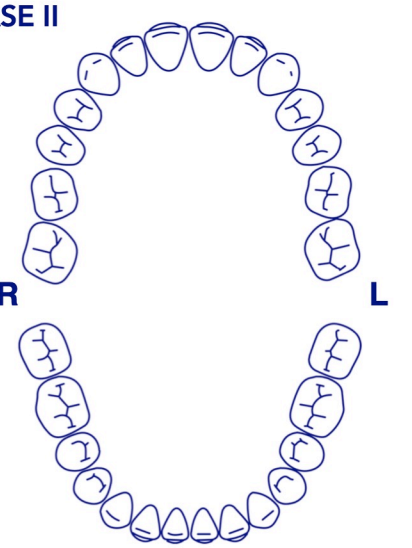
Scan Models	☐	☐
Print Models	☐	☐
Send STL Files	☐	☐

Email: _____

PHASE I



PHASE II



ACCESORIES

	U	L
Adams Clasps	☐	☐
"C" or Ball Clasps (circle one)	☐	☐
Finger Springs	☐	☐
Soldered Springs	☐	☐
Soldered Hooks	☐	☐
Add Arch Wire Tubes	☐	☐
Add Hg Tubes	☐	☐
Add Face Mask Hooks	☐	☐

ACRYLIC OPTIONS

Horseshoe Palate	☐	☐
Scallop Anteriors	☐	☐
Add Acrylic on Labial Bow	☐	☐
Anterior Bite Plane	☐	☐
Posterior Bite Plane	☐	☐

Pontic Shade: _____

Acrylic Color: _____

Acrylic Design: _____

SPLINTS

	U	L
Anterior Repositioning Splint	☐	☐
Flat Occlusal Splint	☐	☐
Custom Sports Mouth Guard	☐	☐
Night Guard	☐	☐
Dual Laminate	☐	☐

BONDED RETAINERS

Central-Central	☐	☐
Lateral-Lateral	☐	☐
Cuspid-Cuspid	☐	☐
Mesh Pads on Distal Tooth	☐	☐
Mesh Pads on Each Tooth	☐	☐
Appliance w/ Transfer Tray	☐	☐

DOCTOR'S SIGNATURE:

SPECIAL INSTRUCTIONS: _____

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