

## Retainer & Fixed Prescription

### Please Check:

Retainer	Upper	Lower	Reset Teeth Circled	Labial Wire																		
Hawley-Standard	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">R</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">1</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;">1</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">L</td> </tr> <tr> <td></td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">1</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;">1</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">3</td> <td></td> </tr> </table>	R	3	2	1		1	2	3	L		3	2	1		1	2	3		<input type="checkbox"/> 2x2 (No Loops)
R	3	2		1		1	2	3	L													
	3	2		1		1	2	3														
Hawley-Spring Ret.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add Lingual Spring	<input type="checkbox"/> 3x3 (W/Loops)																		
Spring Ret.(3x3)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Acrylic Options</b> <input type="checkbox"/> Anterior Bite Plane <input type="checkbox"/> Posterior Bite Plane <input type="checkbox"/> No Bite Plane <input type="checkbox"/> Full Palate <input type="checkbox"/> Horseshoe Palate <input type="checkbox"/> Add Expansion Screw <input type="checkbox"/> Add Tongue Crib <input type="checkbox"/> Add Pontic (s)	<input type="checkbox"/> Wraparound																		
Invisible / Essix .030 .060	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Soldered Flat (3x3)																		
Flipper Partial	<input type="checkbox"/>	<input type="checkbox"/>		<b>Clasps / Springs</b> <input type="checkbox"/> Ball <input type="checkbox"/> Arrow <input type="checkbox"/> "C" Clasps <input type="checkbox"/> Adems <input type="checkbox"/> Soldered "C"s <input type="checkbox"/> Molar Rests <input type="checkbox"/> Finger Spring <input type="checkbox"/> Sweep Wire <input type="checkbox"/> Z-Spring																		
Soft Mouthguard	<input type="checkbox"/>	<input type="checkbox"/>																				
Bleaching Trays	<input type="checkbox"/>	<input type="checkbox"/>																				
Other: _____																						

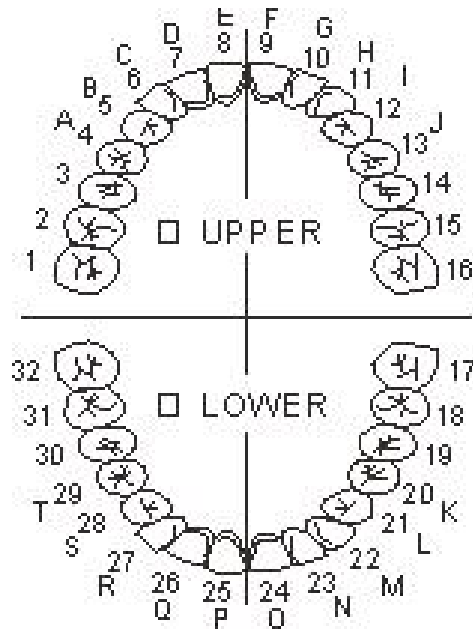
### Fixed Appliances

<input type="checkbox"/> Space Maintainer	<input type="checkbox"/> Distal Shoe
<input type="checkbox"/> Transpalatal Arch	<input type="checkbox"/> Nance
<input type="checkbox"/> Habit Appliance	<input type="checkbox"/> Quad Helix
<input type="checkbox"/> Space Regainer	<input type="checkbox"/> Hyrax RPE
<input type="checkbox"/> Bonded RPE	<input type="checkbox"/> Hass RPE
<input type="checkbox"/> Distal Jet	<input type="checkbox"/> Williams
<input type="checkbox"/> Other _____	

### Lingual Arch Upper Lower

<input type="checkbox"/> 1x1 Bonded	<input type="checkbox"/> 2x2 Bonded
<input type="checkbox"/> 3x3 Bonded	<input type="checkbox"/> 4x4 Bonded
<input type="checkbox"/> 5x5 Bonded	<input type="checkbox"/> 6x6 Bonded

<input type="checkbox"/> Without Adjustment Loops
<input type="checkbox"/> With Adjustment Loops
<input type="checkbox"/> Cross-Palatal Lingual Wire
<input type="checkbox"/> Lingual Bar to Cingulum
<input type="checkbox"/> Lingual Bar to Middle 1/3 of Teeth
<input type="checkbox"/> Lingual Bar to Line on Cast
<input type="checkbox"/> Brackets (Specify) _____



Upper Color

Lower Color

### Note: