



MICHAELANGELO ORTHODONTICS, INC.

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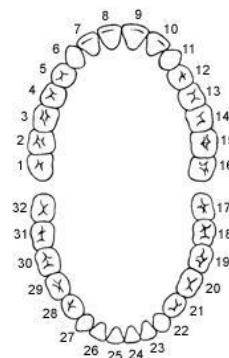
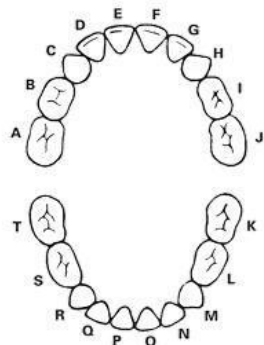
www.your-ortho-lab.com

WWW.MICHAELANGELO-ORTHOLAB.COM

www.your-dental-lab.com

DR		PATIENT NAME	
ADDRESS		DATE SENT	
CITY	STATE	ZIP	DATE DUE
PHONE	LIC. NUMBER	SIGNATURE	

SPECIAL INSTRUCTIONS



Specify Acrylic Color: Upper: _____ Lower: _____

RETAINERS

- | | Upper | Lower |
|----------------------|------------------------------------|-------------------------------------|
| Invisible | <input type="checkbox"/> | <input type="checkbox"/> |
| Lingual Bonded | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Flat Wire | <input type="checkbox"/> Twist Wire |
| Hawley – Standard | <input type="checkbox"/> | <input type="checkbox"/> |
| Hawley Wrap | <input type="checkbox"/> | <input type="checkbox"/> |
| Soldered Wrap | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 x 3 Spring Aligner | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 x 3 Spring Hawley | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 x 4 Spring Hawley | <input type="checkbox"/> | <input type="checkbox"/> |

CIRCLE RESET:

2	1
2	1

 |

1	2
1	2

CLASPS

- Adams Ball Delta C-clasp
 Other _____

AUXILIARIES

- Spring Hook Habit _____
 Flat Labial Bow Labial Acrylic

BITE PLATE

- Anterior Posterior

PONTIC

Number _____ Shade _____

HABIT

- Thumb Crib Tongue Crib
 Thumb Rake Tongue Rake
 Bluegrass

PEDO-PARTIAL

Shade _____ Units _____
 Upper Lower

FUNCTIONAL

- | | Upper | Lower |
|--------------------|-------------------------------|------------------------------------------------------------------|
| Schwarz | <input type="checkbox"/> | <input type="checkbox"/> |
| Fan | <input type="checkbox"/> | <input type="checkbox"/> |
| Sagittal | <input type="checkbox"/> | <input type="checkbox"/> |
| Three-way Sagittal | <input type="checkbox"/> | <input type="checkbox"/> |
| Schwarz / Sagittal | <input type="checkbox"/> | <input type="checkbox"/> |
| Bionator | <input type="checkbox"/> Open | <input type="checkbox"/> Close <input type="checkbox"/> Maintain |
| Corrector | <input type="checkbox"/> Open | <input type="checkbox"/> Close <input type="checkbox"/> Maintain |

SPLINTS

- | | Upper | Lower |
|----------------------------------------------------------------|-----------------------------------|--------------------------|
| Hard Acrylic | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Soft <input type="checkbox"/> Centric | <input type="checkbox"/> Anterior | |
| Liner | Repositioning | |
| Sports Mouthguard | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleaching Tray | <input type="checkbox"/> | <input type="checkbox"/> |

FIXED

- | | Band Sent | Upper | Lower |
|---------------------------------------|--------------------------|----------------------------------------------|--------------------------|
| Band & Loop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Holding Arch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Transpalatal | | <input type="checkbox"/> Keeper Wire | |
| <input type="checkbox"/> Nance | | <input type="checkbox"/> Anterior Bite Plate | |

FIXED EXPANDERS

- RPE BONDED RPE MINI RPE
 HAAS QUAD HELIX SPLIT LINGUAL
 MEMORY RPE