



HAWLEY ORTHODONTIC LABORATORY LAB SLIP

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Patient Name: _____ Last Name: _____ Client#: _____

Practice Name: _____ Doctor Name: _____

Address: _____ Suite: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Dentist License #: _____ Signature: _____

<input type="checkbox"/> Normal Order 5-7 DAYS	<input type="checkbox"/> Rush Order CHARGE APPLIES
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<p><input type="checkbox"/> <input type="checkbox"/> 1. Standard Hawley Retainer</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Flat Labial Bow Retainer</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. Wrap Around Wire</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. Circumferential Flat Labial Bow</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. Clear Retainer</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. EZ-Bonded Retainer 3-3</p> <p><input type="checkbox"/> <input type="checkbox"/> 7. 3-3 Fix Retainer w/Bond Pads</p> <p><input type="checkbox"/> <input type="checkbox"/> 8. Spring Retainer</p> <p><input type="checkbox"/> <input type="checkbox"/> 9. Teeth Reset</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. Acrylic Labial</p>	<p><input type="checkbox"/> Do not reset</p> <p><input type="checkbox"/> Reset Circled Teeth</p> <p><input type="checkbox"/> Reset as Needed</p>	<p>↑ ↓ U L</p>	<p>Clasps</p> <p>↑ ↓ U L</p> <p><input type="checkbox"/> <input type="checkbox"/> Ball</p> <p><input type="checkbox"/> <input type="checkbox"/> Clasp on 4</p> <p><input type="checkbox"/> <input type="checkbox"/> C Clasp Molar</p> <p><input type="checkbox"/> <input type="checkbox"/> Adams</p> <p><input type="checkbox"/> <input type="checkbox"/> Arrow</p> <p><input type="checkbox"/> <input type="checkbox"/> Other: _____</p>	<p>Additions</p> <p>↑ ↓ U L</p> <p><input type="checkbox"/> <input type="checkbox"/> Z-Spring</p> <p><input type="checkbox"/> <input type="checkbox"/> Spring Helix</p> <p><input type="checkbox"/> <input type="checkbox"/> Eyelet</p> <p><input type="checkbox"/> <input type="checkbox"/> Distal Spring</p> <p><input type="checkbox"/> <input type="checkbox"/> Mushroom</p> <p><input type="checkbox"/> <input type="checkbox"/> Soldered Finger</p> <p><input type="checkbox"/> <input type="checkbox"/> Molar Retracting</p> <p>For additions please specify tooth # or Draw on it.</p>
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<p><input type="checkbox"/> <input type="checkbox"/> 11. Add Pontic Shade _____</p> <p>R $\frac{8\ 7\ 6\ 5\ 4\ 3\ 2\ 1}{8\ 7\ 6\ 5\ 4\ 3\ 2\ 1}$ $\frac{1\ 2\ 3\ 4\ 5\ 6\ 7\ 8}{1\ 2\ 3\ 4\ 5\ 6\ 7\ 8}$ L</p>	<p><input type="checkbox"/> Add Pontic Missing Space</p> <p><input type="checkbox"/> Pontic to Circled Space</p>
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12. Acrylic Options Color _____ Pattern _____ Decal _____

Anterior BD Posterior BP Incline BP

<p>↑ ↓ U L</p> <p><input type="checkbox"/> <input type="checkbox"/> 13. Fixed</p> <p><input type="checkbox"/> <input type="checkbox"/> Hyrax (RPE)</p> <p><input type="checkbox"/> <input type="checkbox"/> Compact</p> <p><input type="checkbox"/> <input type="checkbox"/> Hass</p> <p><input type="checkbox"/> <input type="checkbox"/> Quad Helix</p> <p><input type="checkbox"/> <input type="checkbox"/> Band & Loop Unilateral</p> <p><input type="checkbox"/> <input type="checkbox"/> Lingual Arch Bilateral</p> <p><input type="checkbox"/> <input type="checkbox"/> Nance</p> <p><input type="checkbox"/> <input type="checkbox"/> Tong Crib</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedo Partial Shade: _____</p>	<p><input type="checkbox"/> Lab Provided Bands <input type="checkbox"/> Doctor Provided Bands</p> <p><input type="checkbox"/> Plain <input type="checkbox"/> W/ Bocal Tubes</p> <p>↑ ↓ U L</p> <p><input type="checkbox"/> <input type="checkbox"/> Splints</p> <p><input type="checkbox"/> <input type="checkbox"/> Hard / Soft Combo</p> <p><input type="checkbox"/> <input type="checkbox"/> Hard NG</p> <p><input type="checkbox"/> <input type="checkbox"/> Soft NG</p> <p><input type="checkbox"/> <input type="checkbox"/> Sport Guard Color</p>
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