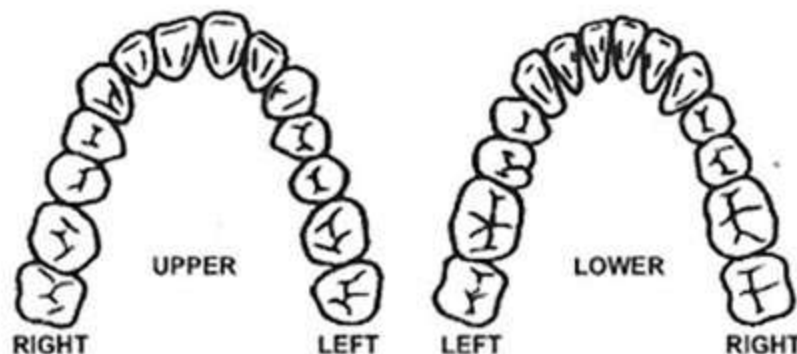




Elevated Dental Arts
418 8th St. SE Unit B 11
Loveland, CO 80537
(970) 669-1010

info@elevateddentalarts.com
elevateddentalarts.com

Date Today: _____



Dr. _____

Patient Next Appointment:

Address _____

Date: _____

City _____

Time: _____

State _____ Zip _____

or: **Not scheduled**

Patient: _____

Appliance Color: _____

<p>RETAINERS</p> <p>Hawley - Standard Design <input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Wrap Around Design <input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Labial Bow Solder to Clasps <input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Invisible/Essix Retainer <input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>ACCESSORIES</p> <p><input type="checkbox"/> Adams Clasps <input type="checkbox"/> "C" Clasps</p> <p><input type="checkbox"/> Ball Clasps <input type="checkbox"/> Finger Springs</p> <p><input type="checkbox"/> Arrow Clasps</p>	<p>ACRYLIC DESIGN</p> <p><input type="checkbox"/> Anterior Bite Plane</p> <p><input type="checkbox"/> Posterior Bite Plane</p> <p><input type="checkbox"/> Horseshoe Palate</p> <p><input type="checkbox"/> Acrylic on Labial Bow</p> <p><input type="checkbox"/> Add Pontics</p> <p>Shade _____</p> <p>U# L#</p> <p><input type="checkbox"/> Specialty Color</p>
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<p>SPRING RETAINERS</p> <p>Standard Design-Cuspids <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4</p> <p>Super Modified Spring/Hawley <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4</p> <p>Labial Helical Loop Design <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4</p>	<p>RESET TEETH CIRCLED ON DIAGRAM BELOW</p> <p>R <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>3</td><td>2</td><td>1</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>3</td><td>2</td><td>1</td></tr> </table> L</p>	3	2	1	1	2	3	3	2	1	<p>RESETTING/STRIPPING</p> <p><input type="checkbox"/> Do Not Reset Teeth</p> <p><input type="checkbox"/> Reset Teeth Ideally</p> <p><input type="checkbox"/> Compromise Reset</p>
3	2	1									
1	2	3									
3	2	1									

<p>FIXED EXPANDERS</p> <p><input type="checkbox"/> Hyrax - Standard Design</p> <p><input type="checkbox"/> Haas - Standard Design</p> <p><input type="checkbox"/> Bonded Acrylic RPE</p> <p><input type="checkbox"/> Lower Fixed Expander</p>	<p>METAL APPLIANCES</p> <p><input type="checkbox"/> Nance Appliance</p> <p><input type="checkbox"/> Habit Appliance (specify design)</p> <p><input type="checkbox"/> Space Maintainer (specify design)</p> <p><input type="checkbox"/> TPA</p> <p><input type="checkbox"/> "E" Arch</p> <p><input type="checkbox"/> Removable Quad</p> <p><input type="checkbox"/> Fixed Lingual Arch</p> <p><input type="checkbox"/> Removable Lingual</p> <p><input type="checkbox"/> Wilson 3-D (specify design)</p>	<p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Upper</p> <p><input type="checkbox"/> Upper</p> <p><input type="checkbox"/> Upper</p> <p><input type="checkbox"/> Upper</p>	<p><input type="checkbox"/> Removable</p> <p><input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Lower</p>
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Special Instructions: _____

Dentist License Number _____ **Date** _____

Personal Signature of Dentist _____

Terms: Payment for all work done is due no later than the 25th of the following month. Payments not received in full by due date will be charged a 5% finance charge.