

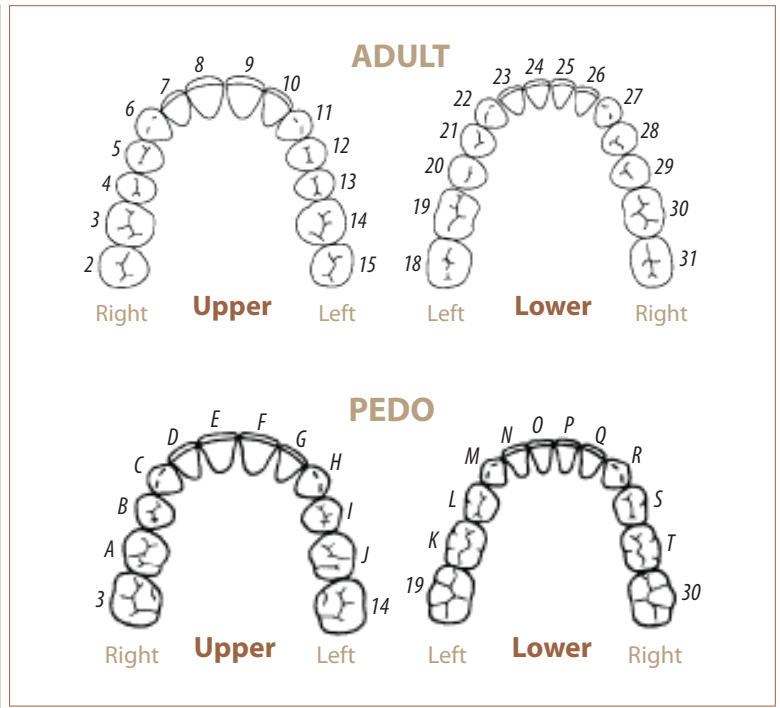
Pan #
Invoice #

**"JUST RECORD"** Please Print Clearly and fill in all applicable information.

Doctor _____			Phone # _____		
Office _____			Email Address: _____		
Address _____					
City _____		State _____		Zip _____	
Patient Name _____				Age: _____	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Date Sent:**    /    /         **Date Due:**     3 WEEKS     4 WEEKS     ASAP

<input type="checkbox"/> <b>FIXED APPLIANCES</b> — B&L Space Maintenance — Lingual Arch (U Loop) — TP Arch — Nance — RPE-Hyrax (Banded) — RPE-Fan Type (Banded) — Quad-Helix — Bi-Helix — Tongue/Thumb Fence — Blue Grass Appliance — Haas Expander (Banded) — Distal Shoe — B&L Space Regainer — PHD Distalizer — "W" Arch — Lingual Retainer (3x3)	<input type="checkbox"/> <b>REMOVABLE APPLIANCES</b> — Schwartz — Fan Type Expander — 3 Way Expander  <input type="checkbox"/> <b>RRO-FORM NIGHT GUARD</b> — Combo — Soft — Hard
<input type="checkbox"/> <b>HAWLEY RETAINERS</b> — Adams Clasps — Ball Clasps — "C" Clasps — "C" Clasps (Soldered) — Arrow Clasps — Rests — Finger Springs — Elastic Hooks — Lingual Springs — Invisible Retainer	
<input type="checkbox"/> <b>ACRYLIC COLOR</b> — Clear — Glitter — Color (select one from below) — Blue    — Yellow    — Green — Purple   — White    — Red — Pink	



**Rx** (prescription)

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\* Please check below if you need.

USPS Priority Shipping Boxes

\* For additional Shipping Label & Rx Form, please visit our website [www.hawleyretainer.com](http://www.hawleyretainer.com), print them out and use for your works.

Dr. Signature \_\_\_\_\_

License# \_\_\_\_\_