



East Orthodontic Lab

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Dr:	Patient Name:	
Address:	Date Sent:	
City:	State:	Zip:
Phone:	Email:	Time:

Special Instructions:



Specify acrylic color, patterns, and inlays: Upper: _____ Lower: _____

Doctor's Signature: _____

Study Models Finished Front Piece Rough Trim Work Model Models Duplicated

Invisible Retainer Upper Lower

Hawley Retainer Upper Lower

Standard:

Wrap:

Soldered Wrap:

Bumper Hawley:

Clasp:

Adams Ball

C-Clasp Arrow

Auxiliaries:

Springs Hooks

Eyelet Spring Labial Acrylic

Tongue Guard

Bite Plate:

Anterior Posterior

Pontic:

Tooth Shade _____

Spring Retainer Upper Lower

Modified:

Modified w/ Helix:

3x3:

Functionals Upper Lower

Schwartz:

Sagittal:

3-Way Schwartz

Bionater

Splints Upper Lower

Hard:

Gelb:

Soft:

Soft/Hard:

Sports Guard

Fixed Expanders

Banded RPE Bonded RPE Mini RPE

Haas Quad-Helix E-Arch

Holding Appliances

Band & Loop Lingual Arch Nance

Nance w/ TPA TPA

Crozat

Upper Lower

Removable Fixed

Habit Appliance

Thumb Crib Tongue Crib Bluegrass