

Dr. _____
 Address _____

 City _____ State _____ Zip _____
 Phone No. () _____
 Patient's Name _____
 Case # _____ Account # _____
 Date Shipped by Doctor _____/_____/_____
 Placement Date _____/_____/_____

PERFECT FINISH

ORTHO LAB, INC.

P.O. BOX 352
 ALLAMUCHY, NJ 07820
 Phone: 1-908-852-3035
 Fax: 1-908-852-1908

101 BILBY ROAD, Bldg. 1, Unit F
 HACKETTSTOWN, NJ 07840
 (For Federal Express
 and UPS deliveries ONLY)

Email: info@perfectfinishortho.net
 FOR DIGITAL: perfectfinishdigital@gmail.com

Website: www.perfectfinishortho.com

FIXED APPLIANCES

- Rapid Palatal Expander
- Haas Expansion Appliance
- Lingual Arch
- Lingual Arch With Loops
- Thumb/Tongue Habit Appliance (Counter recommended)
- Bonded Expander
- Band & Loop
- Nance Button
- Transpalatal Arch
- Goshgarian TPA

BENDER

SPRING ALIGNER

- UPPER Spring Aligner LOWER Spring Aligner
- SEND BOTH UPPER AND LOWER MODELS

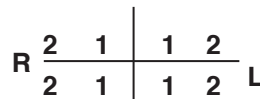
POURER

- UPPER modified design LOWER modified design
- Hawley/Spring Aligner combination

TRIMMER

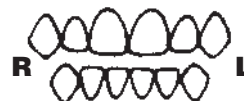
SET-UP

- Do not reset any teeth
- Reset teeth circled:



STRIPPING

- Do not strip teeth
- Strip contacts as feasible for improved alignment



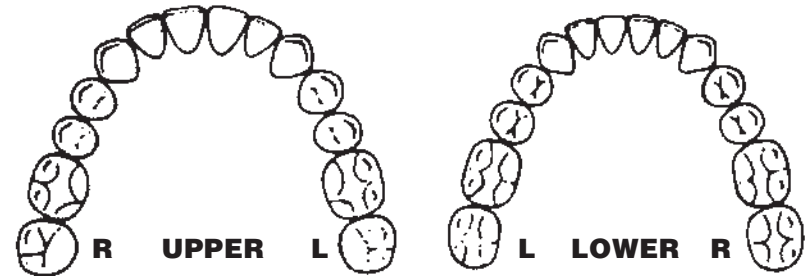
RETAINERS

- Upper Hawley Retainer
- Lower Hawley Retainer
- Other

COLOR

Upper _____
 Lower _____

Retainer Case



INSTRUCTIONS:

Shipping Boxes Prescription Sheets Mailing Labels Lic. # _____ Signature _____