

DATE WANTED

 AM PMTechnology That Produces
Shining Results**Technic**
Dental Lab

OFFICE USE

11555 West 183rd Place • Orland Park, IL 60467

Phone (708) 479-1212 • Fax (708) 479-7168 • Toll Free (866) 799-3939

www.TechnicDentalLab.com

Dr. _____

Address _____

City _____

Patient's Name _____ Age _____

HAWLEY

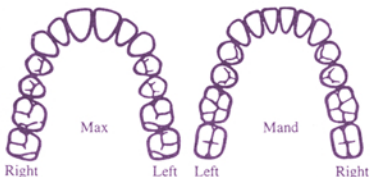
-
- UPPER
-
-
- LOWER

SPLINTS

-
- UPPER
-
-
- LOWER

-
- HARD
-
- HEAT CURED
-
-
- COLD CURED

-
- SOFT

**SPRING RETAINER**

-
- UPPER
-
-
- LOWER
-
-
- MODIFIED

R

2	1	1	2
2	1	1	2

 L Reset teeth circledR

○	○	○	○	○
○	○	○	○	○

 L Strip 0. _ mm from each tooth
at contact points marked.

ACRYLIC COLOR: _____

INSTRUCTIONS

DOCTORS SIGNATURE _____

LICENSE NO. _____

DATE _____

DO YOU NEED — Mailing Boxes Work Order Form