

INDIRECT BRACKETING

Dr. _____

Address _____

City _____ State _____ Zip _____ Ph. 1-() _____

Patient (Print) _____

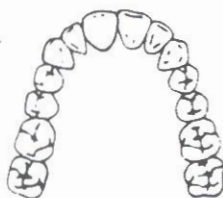
Date of Impression _____

FINISH TIME

My Specifications are on record. Please Refer To Them.

- | | | | |
|------------------------------|-----------------------------------|--|---|
| 5x5 <input type="checkbox"/> | Band 6's <input type="checkbox"/> | Upper Arch Only <input type="checkbox"/> | Matrix: _____ |
| 6x6 <input type="checkbox"/> | Bond 6's <input type="checkbox"/> | Lower Arch Only <input type="checkbox"/> | Soft Tray Only <input type="checkbox"/> |
| 7x7 <input type="checkbox"/> | Band 7's <input type="checkbox"/> | Up/Lo <input type="checkbox"/> | Soft & Hard Tray <input type="checkbox"/> |
| | Bond 7's <input type="checkbox"/> | | |

New Specification For This Case (Optional)



R UPPER L R LOWER L

Formulas:

- Roth
 Andrews
 Broadbent
 Viazzi
 Other

Slot Size:

- 022
 018

Type of Brackets:

- Posted
 Non-Posted

- Standard Size _____
 Micro Arch _____
 Omni _____
 Viazzi _____
 Other _____

- 5x5
 6x6
 7x7

- Band 6's
 Bond 6's
 Band 7's
 Bond 7's

Measurements - from incisal or occlusal surface:

- Standard 4, 4, 4, 3 1/2, 2 1/2 and 2 _____
 W Type 4, 4, 5, 4 1/2, 4, 3 1/2 and 3 _____
 B Type 4.5, 4.5, 5, 4.5, 4, 3, 5 and 3 _____
 V Type _____
 Other _____

- Upper Arch Only
 Lower Arch Only
 Up/Lo

- Matrix: _____
 Soft Tray Only
 Soft & Hard Tray

Dr. Sig. _____ Lic. # _____ Date _____

Dockstader

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