



Specializing in Orthodontics, Splints and Dentures

220 - 550 WEST AVE, KELOWNA, BC V1Y 4Z4

Phone 250.860.5303
Fax 250.860.2294
Toll Free 1.866.550.5303
Email orthotech@shaw.ca
www.orthotechdental.com

DR. _____ DATE: _____

PATIENT'S FULL NAME: _____

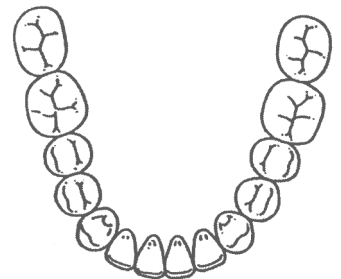
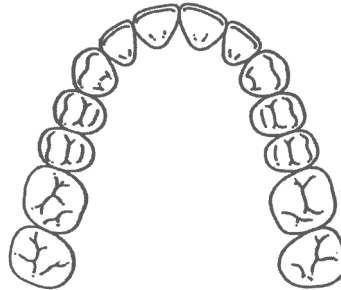
DELIVERY DATE: _____ TIME: _____ M [] F [] AGE: _____

Rx _____

ORTHODONTICS / SPLINTS

MAX. MAND. APPLIANCE TYPE

- [] [] HARD SPLINT / HARD NIGHTGUARD
CLASPS yes no
CUSPID RISE yes no
ANTERIOR GUIDANCE yes no
[] [] FLEX THERMAL SPLINT
[] [] BIFLEX THERMAL SPLINT
[] [] HAWLEY RETAINER
[] [] ESSIX RETAINER
[] [] TWIN BLOCK
[] [] NANCE / 6 TO 6 / TPA
[] [] UNILATERAL SPACE MAINTAINER
[] [] FIXED 3 TO 3 RETAINER



COLOR: _____ DECAL #: _____

DR. SIGNATURE (REQUIRED): _____



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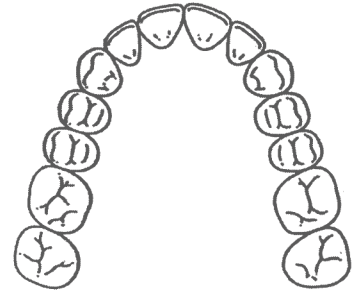
Rx _____

FOLD

DENTURES

MAX. MAND. PROSTHETIC TYPE

- [] [] CAST METAL PARTIAL
[] [] ACRYLIC PARTIAL
[] [] ONE-TOOTH PARTIAL
[] [] VALPLAST / FRS PARTIAL
[] [] COMPLETE DENTURE
[] [] IMMEDIATE DENTURE
[] [] FIXED IMPLANT BAR
[] [] REMOVABLE IMPLANT BAR
[] [] FIBER FORCE STRENGTHNER
[] [] CUSTOM TRAY
[] [] BITE BLOCK
[] [] RELINE



SHADE: _____ TOOTH TYPE: _____ MOULD: _____

DR. SIGNATURE (REQUIRED): _____