



Specializing in Orthodontics, Splints and Dentures

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

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Email orthotech@shaw.ca
www.orthotechdental.com

DR. \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT'S FULL NAME: \_\_\_\_\_

DELIVERY DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ M [ ] F [ ] AGE: \_\_\_\_\_

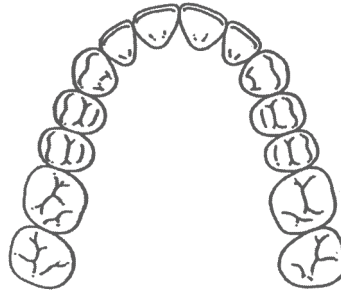
Rx \_\_\_\_\_

Four horizontal lines for notes or additional information.

ORTHODONTICS / SPLINTS

MAX. MAND. APPLIANCE TYPE

- Checkboxes for appliance types: HARD SPLINT / HARD NIGHTGUARD, 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): \_\_\_\_\_

FOLD



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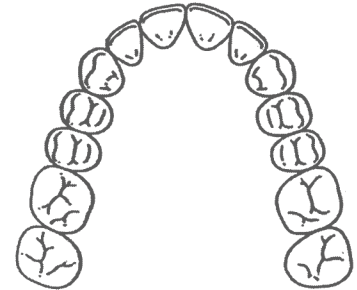
Rx \_\_\_\_\_

Four horizontal lines for notes or additional information.

DENTURES

MAX. MAND. PROSTHETIC TYPE

- Checkboxes for prosthetic types: 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): \_\_\_\_\_