ORTHO tech
DENTAL LABORATORY

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@orthotechdental.com
www.orthotechdental.com

DR. _____ DATE: _____

PATIENT'S FULL NAME: _____

DELIVERY DATE: _____ TIME: _____ M☐ F☐ AGE: _____

℞ _____

_____

_____

_____

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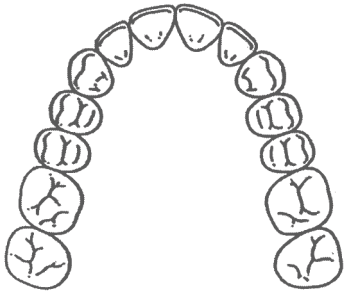
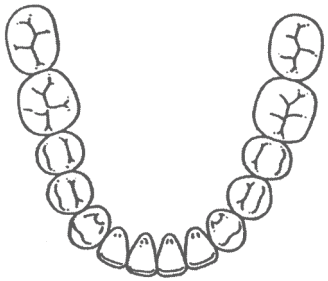
_____

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): _____

FOLD

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_____

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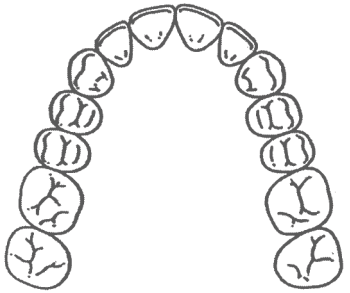
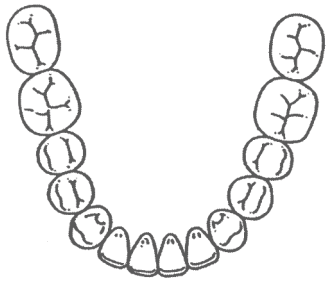
DENTURES

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 STRENGTHER
☐	☐	CUSTOM TRAY
☐	☐	BITE BLOCK
☐	☐	RELINE





SHADE: _____ TOOTH TYPE: _____ MOULD: _____

DR. SIGNATURE (REQUIRED): _____