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CALL DOCTOR BEFORE FABRICATION

DOCTOR'S PHONE NUMBER

ORDER NO.

FIVE STAR APPROVAL

DOCTOR NO.

DATE SHIPPED

DOCTOR

ADDRESS

CITY


STATE

ZIP


PATIENTS NAME	AGE	DATE WANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Sculptured Study Models
- U L Bioliner™
- U L Hawley Retainer
- U L Wrap Around
- U L Spring/Hawley Combination Reset
- U L Spring Retainer 3x3
- U L 3-Way Schwarz
- U L Schwarz
- Jackson
- U L ALF
- U L Crozat
- U L Sagittal, Mesial/Distal Direction
- U L Splint, Type _____
- Bionator Open/Close/Hold
- Twin Blocks Type _____

COMPUTERIZED CEPHALOMETRIC TRACING



Bimler Plus
 Extra Copy

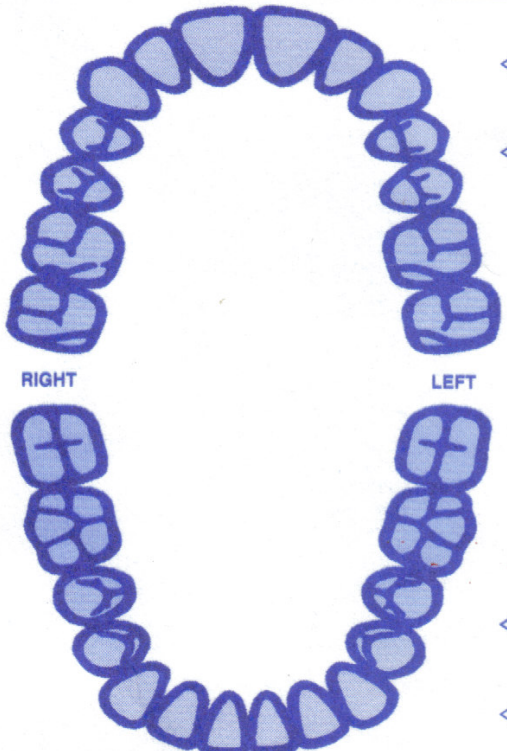


Sassouni Plus
 Extra Copy

Complete Diagnosis Dr. _____
 Ceph Interpretation/Cast Analysis by Bobby Middle

INSTRUCTIONS _____

- FIXED APPLIANCES**
- U L Lingual Arch Omega Loops
 - U L 3 x 3, 4 x 4 Bonded Banded
 - Rick-A-Nator Type _____
 - U L Molar Bands 1st/2nd
 - U L Brackets Delta/Twin/Ceramic
 - U L Barrell Fixed 3-Way
 - U L Williams Appliance
 - U L CD Fixed Distalizer
 - Herbst Type _____
 - U L RPE
 - U L Magill Sagittal A / D
 - U L MARA _____
 - U L OTHER TYPE OF APPLIANCE _____
 - U L Repair/Addition/Revamp



COLOR DESIGN

REFER TO FIVE STAR COLOR CHART

COLOR DESIGN

SIGNATURE _____ LICENSE _____ DATE _____