

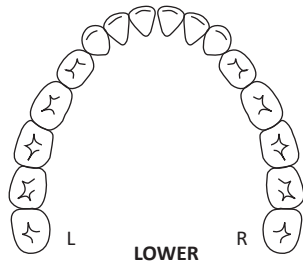
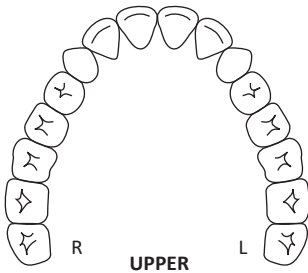


# SHARP DETAIL ORTHODONTIC LAB

7853 El Cajon Blvd #J - La Mesa, CA 91942  
 Tel: (619) 795-2406 • Fax: (619) 795-2468

<b>Doctor's Name:</b>	<b>Patient's Name:</b>	
<b>Date Receive:</b>	<b>Finish Date/Time:</b>	
<b>Upper Appliance:</b>	<b>Lower Appliance:</b>	
<b>Upper Color:</b>	<b>Lower Color:</b>	
<b>Metal Upper:</b> <input type="checkbox"/> Regular Bands <input type="checkbox"/> 3D Bands <input type="checkbox"/> Brackets <input type="checkbox"/> No Brackets <b>RPE:</b> <input type="checkbox"/> 12mm <input type="checkbox"/> 10mm <input type="checkbox"/> Leone <input type="checkbox"/> Forestadent <input type="checkbox"/> Dentaureum	<b>Metal Lower:</b> <input type="checkbox"/> Regular Bands <input type="checkbox"/> 3D Bands <input type="checkbox"/> Brackets <input type="checkbox"/> No Brackets <b>RPE:</b> <input type="checkbox"/> 8mm <input type="checkbox"/> 10mm <input type="checkbox"/> Leone <input type="checkbox"/> Forestadent <input type="checkbox"/> Dentaureum	
<b>Clear Retainer:</b> <input type="checkbox"/> Zendura <input type="checkbox"/> 0.30 <input type="checkbox"/> 0.40 <input type="checkbox"/> GT Flex <input type="checkbox"/> 0.30 <input type="checkbox"/> 0.40 <input type="checkbox"/> Taglus TUFF <input type="checkbox"/> 0.30 <input type="checkbox"/> American Ortho <input type="checkbox"/> 0.30 <input type="checkbox"/> 0.40 <input type="checkbox"/> Essix Ace <input type="checkbox"/> 0.30 <input type="checkbox"/> 0.40	<b>Type of Cut:</b> <input type="checkbox"/> Scallop on Lingual and Bucal  <input type="checkbox"/> Scallop ONLY on Bucal  <input type="checkbox"/> Straight on Lingual and Bucal	<b>Type of Scallop:</b> <input type="checkbox"/> 2mm above the line gum  <input type="checkbox"/> on the gum line  <input type="checkbox"/> 2mm below the line gum

**Special Instruction:**



Signature: \_\_\_\_\_ D.D.S