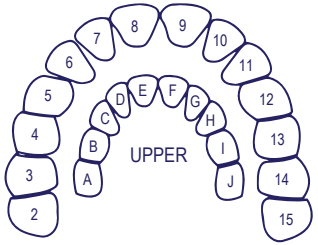
FREEDOM ORTHO LAB
we help navigate smiles

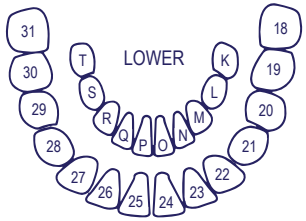
4375 E Arlington St, #3, Inverness, FL 34453 850.230.6696 •
www.FreedomOrthoLab.com DL# 11102

Doctor: _____ Patient: _____
Office: _____ Please Return Case by 5pm on this day: _____
Assistant: _____ The Doctor has:
Date of Impression: _____ ☐Checked Impression ☐Checked Model ☐Checked Prescription
Opposing Model? _____ Bite Registration? _____ Tooth Shade? _____

- ☐ BAND AND LOOP
- ☐ LLHA ☐ Add Adj. Loops
- ☐ NANCE ☐ Add Adj. Loops
- ☐ HABIT APPLIANCE
- ☐ RPE/HYRAX
- ☐ QUAD HELIX
- ☐ PEDO PARTIAL
- ☐ DISTAL SHOE
- ☐ TRANS PALATIAL BAR
- ☐ VERTICAL HOLDING ARCH
- ☐ OTHER



☐Bands Included
RIGHT R Band Size____ LEFT
L Band Size____



Upper

Please Construct: _____

Color/Logo/Design: _____ LAB USE ONLY

Please Construct: _____

Color/Logo/Design: _____

Lower

Doctor Signature: _____ REQUIRED **License#:** _____ REQUIRED **Date:** _____

☐ Additional comments on reverse

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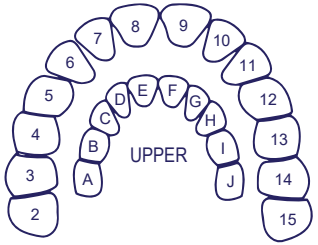

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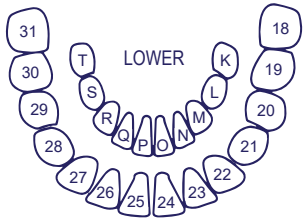

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