

Dr. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. ( ) \_\_\_\_\_  
 Patient's Name \_\_\_\_\_  
 Case # \_\_\_\_\_  
 Date Shipped by Doctor \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Placement Date \_\_\_\_/\_\_\_\_/\_\_\_\_



P.O. BOX 352  
 ALLAMUCHY, NJ 07820  
 Phone: 1-908-852-3035  
 Toll Free: 1-877-736-7846  
 Fax: 1-908-852-1908  
 Email: perfectfinishortho@verizon.net

101 BILBY ROAD, Bldg. 1, Unit F  
 HACKETTSTOWN, NJ 07840  
 (For Federal Express  
 and UPS deliveries ONLY)

**FIXED APPLIANCES**

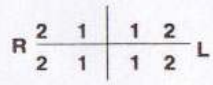
- Rapid Palatal Expander
- Haas Expansion Appliance
- Lingual Arch
- Lingual Arch With Loops
- Thumb/Tongue Habit Appliance (Counter recommended)
- Bonded Expander
- Band & Loop
- Nance Button
- Transpalatal Arch
- Goshgarian

**SPRING ALIGNER**

- UPPER Spring Allgner     LOWER Spring Allgner  
 SEND BOTH UPPER AND LOWER MODELS
- UPPER modified design     LOWER modified design  
 Hawley/Spring Allgner combination

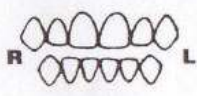
**SET-UP**

- Do not reset any teeth
- Reset teeth circled:



**STRIPPING**

- Do not strip teeth
- Strip contacts as feasible for improved alignment



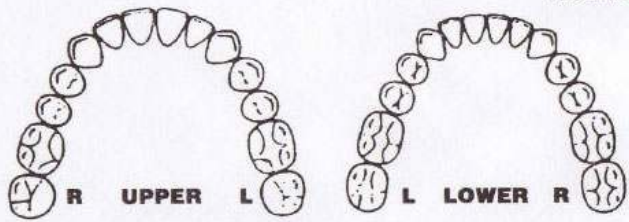
**RETAINERS**

- Upper Hawley Retainer
- Lower Hawley Retainer
- Other

**COLOR**

Upper \_\_\_\_\_  
 Lower \_\_\_\_\_

Retainer Case



**INSTRUCTIONS:**

Available Upon Request:     Shipping Boxes     Prescription Sheets     Mailing Labels

PERFECT FINISH ORTHO LAB

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

\_\_\_\_\_  
POSTAGE DUE COMPUTED BY  
DELIVERY UNIT

TOTAL POSTAGE \$ \_\_\_\_\_



FIRST-CLASS MAIL

**MERCHANDISE RETURN LABEL**

PERMIT NO. 352  
PERFECT FINISH ORTHO LAB

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PO BOX 352

POSTAGE DUE UNIT  
US POSTAL SERVICE  
PO BOX 9998  
ALLAMUCHY NJ 07820-9998