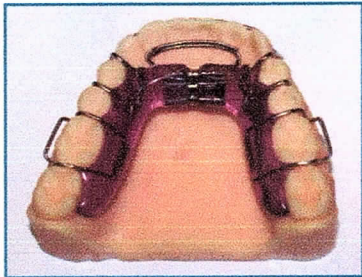


GERGEN'S

ORTHODONTIC LAB

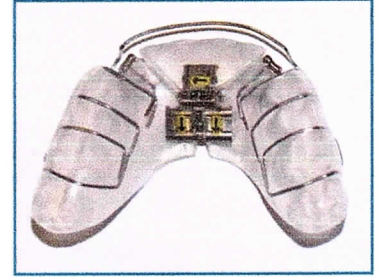
Please select the appliance that best fits your needs. Be sure to indicate **RIGHT** or **LEFT** block where applicable.



☐ Lower Epigenetic Memory Appliance



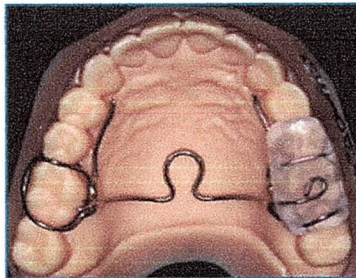
☐ Epigenetic Memory Tongue-Enhancing Appliance
☐ RIGHT Block
☐ LEFT Block



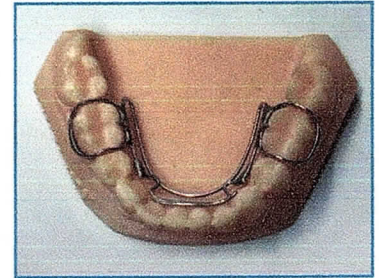
☐ Epigenetic 3-Way Memory Appliance
☐ RIGHT Block
☐ LEFT Block



☐ Memory Fan Expander



☐ Upper Crickett
☐ RIGHT Block
☐ LEFT Block



☐ Lower Crickett
☐ RIGHT Block
☐ LEFT Block



☐ Lower Epigenetic 3-Way Expander

Doctor Requesting Appliance: _____

Office Address: _____

Phone Number: _____

Email Address: _____

License: _____

Patient Name: _____

Modifications Requested: _____

Questions? Call 623-879-6066