

Mail To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# GERGEN'S

## ORTHODONTIC LAB

1745 W. Deer Valley Road  
Building 1, Suite 112  
Phoenix, AZ 85027  
866.437.4361

Dr. \_\_\_\_\_

PATIENT'S NAME (please print) \_\_\_\_\_

Date Sent \_\_\_\_\_ Date Wanted \_\_\_\_\_

(1-2 days prior to insertion)

**RECORD MODELS** (Indicate labeling)

**BIONATOR I** (To open closed bite)

**BIONATOR II** (To close open bite)

**3 WAY EXPANDER**

**SAGITTAL** - Upper, Lower

**SCHWARTZ**

**LLHA**

**QUAD**

**RPE**

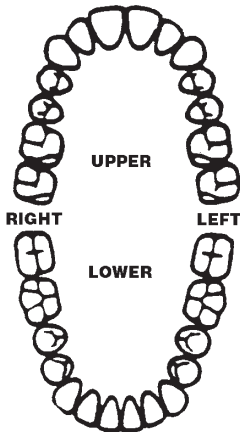
**SPLINT** as per \_\_\_\_\_

**SPRING RETAINER** - Upper, Lower

**RETAINER** - Upper, Lower  
(Indicate clasping and bow)

**CROZAT** Upper, Lower

**FINGER SPRINGS** Indicate Teeth



COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_