



Carrenway Orthodontic Laboratory

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DOCTOR _____ TELEPHONE _____

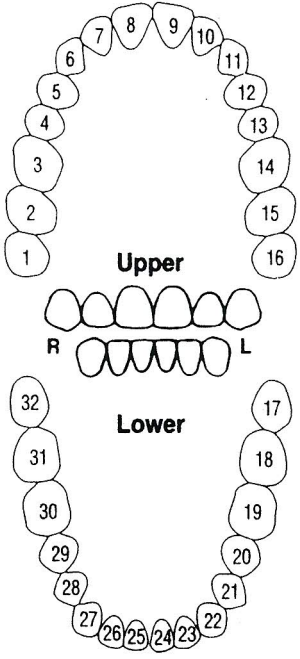
ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT	NUMBER	DATE DUE

- Retainers**
 Upper Lower Wraparound
- Clasps**
 Adams Arrow Ball "C"
 Other _____
- Springs** (Please draw and specify below)
- Bite Plate** Anterior Posterior
- Plastic Pontic** Tooth Shade _____
- Habit Rake** Type _____
- Screws** 5mm 7mm 11mm
 Micro Fan 3 Way
- Carve Bands** Yes No
- Shamy** **Cetlin**
- Other** _____

DESIGN



COLOR

- Fixed Appliances**
- Transpalatal Bar
- Lingual Arch
 3 x 3 4 x 4 6 x 6 Removable
- Nance
- Space Maintainer
- Habit Type _____
- Quad Helix
- "W" expansion
- Haas
- RPE
- Pendex with locking wires

Special Instructions:

DOCTOR'S SIGNATURE _____ LICENSE # _____ DATE _____