



SET THEM STRAIGHT
 orthodontic laboratory
 2741 Volcano Ct
 Oxnard, CA 93030
 call or text (805) 453-3994
 www.stsortholab.com
 Stuart A. Cugnoni-ortho tech



SET THEM STRAIGHT
 orthodontic laboratory
 2741 Volcano Ct
 Oxnard, CA 93030
 call or text (805) 453-3994
 www.stsortholab.com
 Stuart A. Cugnoni-ortho tech

Date _____

Doctor _____ City _____

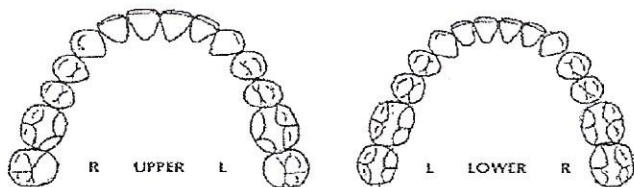
Signature _____ Lic. No. _____

PATIENT _____	
Apt date _____	Time _____

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> RPE w/out arms | <input type="checkbox"/> Nance |
| <input type="checkbox"/> RPE w/arms | <input type="checkbox"/> Gelb |
| <input type="checkbox"/> metal printed RPE | <input type="checkbox"/> Nightguard |
| <input type="checkbox"/> Printed resin model ___upper ___lower | |
| <input type="checkbox"/> LLHA ___straight ___loop | |
| <input type="checkbox"/> other _____ | |

Instructions:

U color _____ L color _____



Text for more lab pads or download from our website

Date _____

Doctor _____ City _____

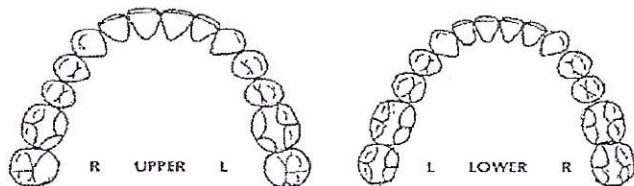
Signature _____ Lic. No. _____

PATIENT _____	
Apt date _____	Time _____

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> RPE w/out arms | <input type="checkbox"/> Nance |
| <input type="checkbox"/> RPE w/arms | <input type="checkbox"/> Gelb |
| <input type="checkbox"/> metal printed RPE | <input type="checkbox"/> Nightguard |
| <input type="checkbox"/> Printed resin model ___upper ___lower | |
| <input type="checkbox"/> LLHA ___straight ___loop | |
| <input type="checkbox"/> other _____ | |

Instructions:

U color _____ L color _____



Text for more lab pads or download from our website