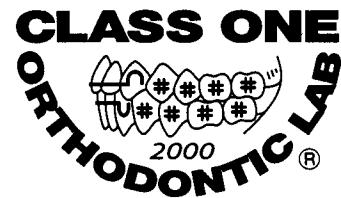


FRANKEL APPLIANCE / PRESCRIPTION



<input type="checkbox"/> PHONE ME CONCERNING THIS CASE <input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE <input type="checkbox"/> INSURANCE <input type="checkbox"/> ORTHODONTIC STUDY MODELS <input type="checkbox"/> DUPLICATE CASTS
--

PLEASE SEND: <input type="checkbox"/> Rx SHEETS <input type="checkbox"/> MAILING LABELS <input type="checkbox"/> SHIPPING BOXES <input type="checkbox"/> OTHER _____
--

Dr. _____

Address _____

City _____ Province _____ Postal Code _____

Phone (_____) _____

Patient _____

Date Shipped _____

Date Needed _____

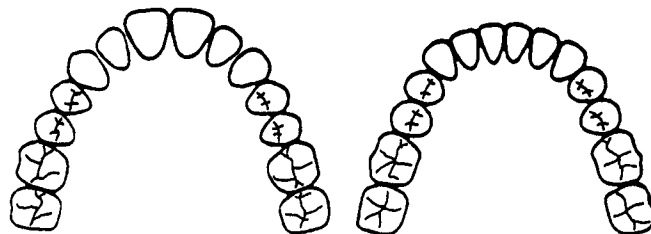
A WORD ABOUT THIS PRESCRIPTION SHEET

We have constructed a new series of prescription sheets as communication tools for our customers. This format allows you to take full advantage of our capabilities to construct the EXACT appliance your patients require. Please provide complete information on appliance design and give us a call at (250) 765-0074 or 1-800-663-5369 if we can be of help.

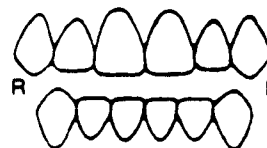
TYPE OF FRANKEL TO BE CONSTRUCTED <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> II + IV
WAX RELIEF FOR BUCCAL SHIELDS <input type="checkbox"/> Standard <input type="checkbox"/> Alternate (describe under Special Instructions)
DISCING TEETH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spacers Used (Disc Appropriate areas)
LOWER LINGUAL SPRINGS <input type="checkbox"/> Yes <input type="checkbox"/> No
ACRYLIC COLOR (Refer to shade guide) <input type="checkbox"/> Pink Tint <input type="checkbox"/> Clear <input type="checkbox"/> Other _____
ACCESSORIES <input type="checkbox"/> Add Upper Lip Pads <input type="checkbox"/> Tongue Crib <input type="checkbox"/> Lower Molar Rests <input type="checkbox"/> Advancement Screws <input type="checkbox"/> Reinforcement Mesh <input type="checkbox"/> Other — Please describe below

MODEL PREPARATION

Accurate model preparation is critical to define the precise vestibular extensions and borders of the Frankel. From our extensive experience and understanding of the proper clinical fit to the Frankel, we offer routine model preparation on all cases at no charge.



R UPPER L L LOWER R



INDICATE DENTAL MIDLINE

Special Instructions: _____



215 FROELICH ROAD
 KELOWNA, B.C. V1X 3M6
 PHONE (250) 765-0074
 TOLL FREE IN B.C. 1-800-663-5369
 EMAIL: classoneortho@shaw.ca
 www.classoneortho.ca
