



AMERICAN ORTHODONTIC LAB. INC.

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M, T, W, Th, F, S

Case/Box#

Call Doctor

Account: _____ Phone: () _____

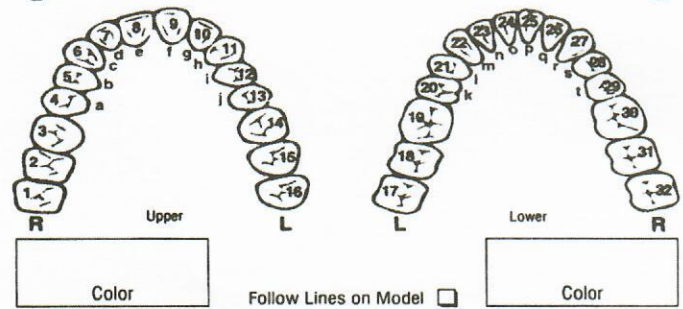
Doctor: _____ Address: _____

City, State: _____ Zip: _____

Patient: _____ Chart # _____

Please Send: Mailing Labels Route or Comet Messenger US 1st Class Mail
 Prescriptions Route Bags UPS Ground UPS 2-Day UPS 3-Day UPS Overnight
 TMJ Guide Appliance Container **Remake?** Internal Impression Charge %

Due Date	Deliver On (Please Enter Date)	Please Allow Time For Quality			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Articulator	Bite Opening	Occlusal Contact	101 Bite Plate
101 Fixator	<input type="checkbox"/> Use Wax Bite	<input type="checkbox"/> Flat Smooth (Bruxism)	<input type="checkbox"/> Anterior Bite Plate:
102 3 pt. Hinge	<input type="checkbox"/> Do not Change	<input type="checkbox"/> Shallow Index (Stabilizing)	<input type="checkbox"/> Inclined
103 Lines Diag Set Up	<input type="checkbox"/> Ok To Open/Close	<input type="checkbox"/> Medium Index (Repositioning)	<input type="checkbox"/> Upper
104 SAM III <input type="checkbox"/> Move Edge to Edge	<input type="checkbox"/> Hand Articulate	<input type="checkbox"/> Deep Index	<input type="checkbox"/> Lower
105 Denar/Whip Mix/Hanau	<input type="checkbox"/> Best Vertical		601 Plastic Pontic: Shade _____
	<input type="checkbox"/> Use Min. Bite Opening		240 Habit Rake: <input type="checkbox"/> Loops <input type="checkbox"/> Acrylic
	<input type="checkbox"/> Open Bite _____mm		

Orthodontic Appliance Work Ticket

Auxiliaries	Add Soldered Auxiliaries	Functional Appliances
201 Remove Buccal Tubes	219 Crib to Arch	307 Schwartz
202 DeBonding Loops	220 Gold Springs	308 Sagittal (2-Way)
203 Remove Cleats	221 Bonding Pads	309 Sagittal (3-Way)
204 Fit Dr's Bands	222 Ellis/Gaston Tube (Steel)	310 Transverse <input type="checkbox"/> 1, to Open
205 Bands, Carve and Fit	223 Retraction Hooks	401 Activator <input type="checkbox"/> 2, to Close
	224 Wire Extensions	402 Bionator <input type="checkbox"/> To Maintain
	225 Rev. Head Gear Tubes	403 Bionator W/Screw
	226 Buccal Tubes	404 Corrector <input type="checkbox"/> With Screw
206 Lingual Arch	227 Rest / Stop / Squ / Hook	405 KD Appliance <input type="checkbox"/> Without Screw
207 Quad Helix	228 S.S. Springs	406 Shore
208 Trans Palatal Bar	229 Mershon Tube (Gold)	407 Acco Cetlin Shamy
209 "W" Ling. Arch		408 Bonded Reverse Bite Plate
210 Space Maintainer		409 KD w/Screws
211 Distal Shoe		410 Nord
212 Space Regainer		411 Herbst
213 E-Arch		412 Obturator/Cleft Palate
214 Ectopic Corrector		413 Osseo TPA
215 Bonded 3x3		414 FR <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Open
216 Nance		415 Twin Block
217 Lip Bumper		601 Pado Partial(Shade) 59 61
218 Fixed Bite Plate		
301 Rev. Jackscrew Hyrax		
302 Haas		
303 Pendulum		
304 Bonded Hyrax		
305 Fan Type Hass		
306 Hyrax-RPE		

Mershon (Removeable)
 Steel 185 Gold gems

230 Lingual Arch
 231 Goshgarian
 232 Crozat
 233 Goshgarian w/Sheaths
 234 Wilson 3D
 235 Quad Helix
 236 "W" Ling Arch

Habit Appliances
 237 Habit Type
 Loop Type Crib Type
 238 Full Palate Habit Grid
 239 BlueGrass Appl.

Retainers As Drawn

106 Pour Impressions 107 Duplicate Models Upper Lower 108 Add Decal
 109 AddMulti Colors-Rainbow 110 Custom Design 114 Appl. Repair (Min.) 115 Appliance Repair

Upper Hawley	Lower Hawley
Acrylic <input type="checkbox"/> Pink <input type="checkbox"/> Clear Other: _____	Acrylic <input type="checkbox"/> Pink <input type="checkbox"/> Clear Other: _____
Trimming: Carve Bands <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Festoon <input type="checkbox"/> Rounded Anteriors <input type="checkbox"/> High Ling. Extend Acrylic to: <input type="checkbox"/> 5/5 <input type="checkbox"/> 6/6 <input type="checkbox"/> 7/7 <input type="checkbox"/> 8/8 <input type="checkbox"/> Cut Out Palate <input type="checkbox"/> Full Palatal Coverage	Trimming: Carve Bands <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Festoon <input type="checkbox"/> Rounded Anteriors <input type="checkbox"/> High Ling. Extend Acrylic to: <input type="checkbox"/> 5/5 <input type="checkbox"/> 6/6 <input type="checkbox"/> 7/7 <input type="checkbox"/> 8/8
Labial Bow: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 <input type="checkbox"/> Clear Acrylic on Labial <input type="checkbox"/> Elastic Hooks <input type="checkbox"/> "Soldier "C" or "J" Clasp to Bow <input type="checkbox"/> Solder Bow to Clasps <input type="checkbox"/> Wraparound	Labial Bow: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 <input type="checkbox"/> Clear Acrylic on Labial <input type="checkbox"/> Elastic Hooks <input type="checkbox"/> "Soldier "C" or "J" Clasp to Bow <input type="checkbox"/> Solder Bow to Clasps <input type="checkbox"/> Wraparound
Clasps: <input type="checkbox"/> Adams <input type="checkbox"/> Arrow <input type="checkbox"/> Ball <input type="checkbox"/> "C" <input type="checkbox"/> Reverse "C" <input type="checkbox"/> Buccal Tube <input type="checkbox"/> Stabilizing Wire <input type="checkbox"/> Sage	Clasps: <input type="checkbox"/> Adams <input type="checkbox"/> Arrow <input type="checkbox"/> Ball <input type="checkbox"/> "C" <input type="checkbox"/> Reverse "C" <input type="checkbox"/> Buccal Tube <input type="checkbox"/> Stabilizing Wire <input type="checkbox"/> Sage
Springs: <input type="checkbox"/> Finger <input type="checkbox"/> With Helix <input type="checkbox"/> Soldered <input type="checkbox"/> "S" <input type="checkbox"/> With Helix <input type="checkbox"/> Soldered <input type="checkbox"/> Mushroom <input type="checkbox"/> Single <input type="checkbox"/> Double	Springs: <input type="checkbox"/> Finger <input type="checkbox"/> With Helix <input type="checkbox"/> Soldered <input type="checkbox"/> "S" <input type="checkbox"/> With Helix <input type="checkbox"/> Soldered <input type="checkbox"/> Mushroom <input type="checkbox"/> Single <input type="checkbox"/> Double
Screws: <input type="checkbox"/> Midline <input type="checkbox"/> Sagittal <input type="checkbox"/> 2-Way <input type="checkbox"/> 3-Way <input type="checkbox"/> Mini <input type="checkbox"/> Fan Type <input type="checkbox"/> Piston <input type="checkbox"/> Other	Screws: <input type="checkbox"/> Midline <input type="checkbox"/> Sagittal <input type="checkbox"/> 2-Way <input type="checkbox"/> 3-Way <input type="checkbox"/> Mini <input type="checkbox"/> Fan Type <input type="checkbox"/> Piston <input type="checkbox"/> Other

TMJ Appliance Work Ticket

Upper Splints

501 Upper Night Guard (U. of PA) No Tissue Contact
 502 Full Palate
 503 Upper Stabilizing (NYU) Tissue Contact Horseshoe Acrylic on to Palate
 504 Upper Anterior Repositioning Splint, Pull Forward, Anti Retrusion, Farrar
 505 Upper NJDS MAR / Stabilizing Splint (UMDNJ)
 Flat for Bruxism Shallow index for Stabilizing
 Ramp Bite Plate Labial Bow
 Adams Ball "C" Rev. "C"

Pankey Centric Relation Diagnostic Splints, Dawson, Michican Full Contact

507 Upper 508 Lower Tissue Contact No Tissue Contact
 509 Hawely Bite Plate 510 SVED Modified 511 Mini B.P. 512 Mapa

Lower Splints

513 Lower Night Guard, Lower Orthotic Appliance Full Coverage
 514 MORA (UMDNJ) Cover Cuspid
 515 Gelb (Gelb) Add Buccal Acrylic Coverage 516 TMJ Blank (Friedman)
 517 TMJ Blank (NYU) Cover Cuspid Ling Bar Braided Reinforcement
 518 Tanner Full Contact Flat Plane (No Incline) 519 Stack
 520 Cast Frame Overlay 521 Clear/Tooth Shade Bite Wings 522 Carve Teeth

Hard / Soft "Comfor-Cryl" Night Guards and Snore Appliances

523 Comfor-Cryl Hard / Soft Guard Upper Lower
 524 Comfor-Cryl Snore Appl. 525 Comfor-Cryl Herbst Sleep Apnea
 Join Upper and Lower Snore Appl Yes No

Add Options / Other No Mesh No Clasps No Wire in Appliance

601 Add Tooth (New Hue Shade)
 602 Occlusal Mesh 603 Fibre Flex 604 Wire or Braided Reinforcement
 605 Add Cuspid Rise to Appliances Upper Lower
 606 Add Extra Clasps Adams Arrow Ball "C" Rev. "C"
 607 Labial Bow 608 Springs 609 Screw
 106 Pour Impressions 107 Duplicate Models Upper Lower
 111 Appliance Container? Yes No
 112 TMJ Appliance Repair 113 Appliance Repair (Min)

Implant Template / Tray / TPA

413 Osseo TPA 526 Implant Template 527 Custom Tray

Soft Mouth Guards / Fourceide Trays / Bleaching Trays

Upper Lower 1mm 2mm 3mm 4mm 5mm
 Clear Red Yellow Blue Green Orange Other Size _____
 White Black Purple Red/Wh/Blue Combine Colors Other Color _____

240 Soft Vinyl Mouth Guard Sports Bruxism/TMJ Proform Regular
 241 Helmet Strap 242 Boxer 243 Dual 244 Essix 245 Dayguard
 246 Bleaching Trays (Rembrant / Nite White / Opaescent / W&B / ect.)
 Straight cut Scallop Block-Out for Reservoir

Doctor/Instructor Signature _____ License # _____

Student Signature _____ I.D. # _____

TERMS: Payment due upon receipt of Monthly Statement. Payments not received before next statement will incur a 2% service charge. Cost of collection of any account will be paid by customer. Service Charges Strictly Enforced! All Claims Must Be Accompanied By Original Models, Appliance, and a Copy of the Invoice. Remakes due to Impression discrepancy are subject to a 50% Remake Charge.