



Alpers Lab

ORTHODONTIC APPLIANCES

Lab use only

Date received _____

Impressions U / L

Models U / L

Notes _____

Technician _____

Practice Name _____

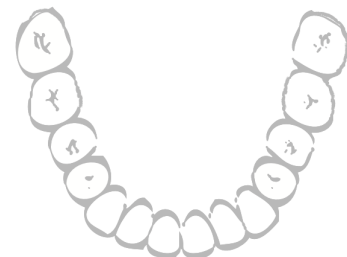
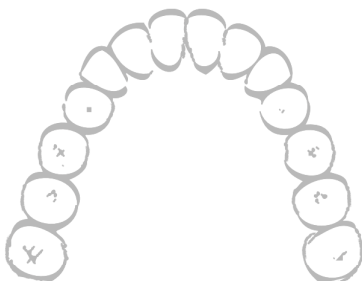
Doctor _____

Phone _____

Patient's Name _____

Date Required _____

- ☐ Aligners
- ☐ Bioblock Stage I
- ☐ Bioblock Stage III
- ☐ Bite Jumper
- ☐ Clear Retainer
- ☐ Crozat
- ☐ Fixed Retainer
- ☐ Fixed Space Maintainer
- ☐ Gelb
- ☐ Hawley
- ☐ Hyrax
- ☐ Indirect Bonding
- ☐ Mouthguard (U+L impressions required)
- ☐ Nance
- ☐ NTI Appliance
- ☐ Nitanium Palatal Expander
- ☐ Rickanator
- ☐ Sagittal
- ☐ Schwarz
- ☐ Splint
- ☐ Transverse
- ☐ Twin Blocks
- ☐ Williams
- ☐ Quad Helix



Colour _____

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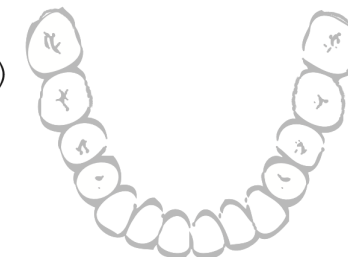
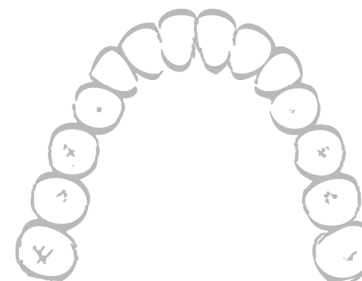
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