



# OHLENDORF APPLIANCE LABORATORY

Working With You to Deliver Smiles... Industry Best Solutions Since 1933

2840 Clark Avenue  
P.O. Box 7212  
St. Louis, Missouri 63177  
314-533-3440  
Toll Free: 1-800-325-8921  
Fax: 314-533-7331  
e-mail: info@OhlendorfApplianceLab.com

## FUNCTIONAL JAW ORTHOPEDIC PRESCRIPTION FORM

Dr: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

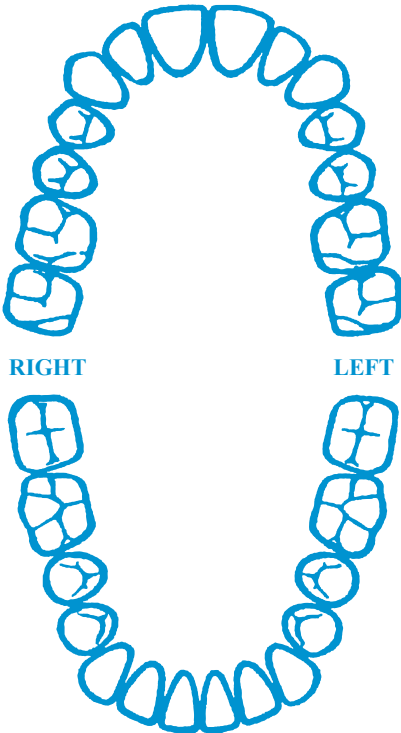
Patient Name	Age	Date Wanted
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- Appliance Insurance       Display Models       Duplicate Models

Display  on  off Model

APPLIANCE# \_\_\_\_\_

(from Principles of Appliance Therapy Book)



Please indicate your preference:

- Upper       Lower

**ACRYLIC COLOR** \_\_\_\_\_

BIONATOR or ORTHOPEDIC CORRECTOR

TO OPEN BITE I

TO CLOSE BITE II

TO HOLD BITE III

TWIN BLOCK - REMOVABLE

TWIN BLOCK - FIXED BANDED

HERBST

RICK-A-NATOR - INCLINE OR FLAT

SCHWARTZ EXPANSION APPLIANCE

TRANSVERSE EXPANSION APPLIANCE

SAGITTAL APPLIANCE- REMOVABLE >

ANTERIOR DRIVE

DISTAL DRIVE

ADDITIONAL SCREW FOR EXPANSION

C-D DISTALIZER

SAGITTAL APPLIANCE- FIXED

ANTERIOR DRIVE

ADDITIONAL SCREW FOR EXPANSION

SPAHL SPLIT VERTICAL

OTHER \_\_\_\_\_

Please Construct       Estimate Only

Signature \_\_\_\_\_ License # \_\_\_\_\_