



ORTHODONTICS DEPARTMENT

Phone: 800-376-6884

Email: shades@barksdalelab.com

Doctor _____

Date _____

License No. _____

Patient _____

Phone _____

Gender _____ Age _____

Address _____

City/State/Zip _____

Description _____

Please sketch below the type and positions of:

Wires • Clasps • Springs • Hooks • Expanders



Dr. Signature _____