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**REQUIRED INFORMATION**

DR NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 PATIENT NAME \_\_\_\_\_  
 DOB \_\_\_\_\_ <sup>Last</sup>  M  F <sup>First</sup> SHIPPED DATE \_\_\_\_\_  
 Due Date/Delivery on \_\_\_\_\_  
Standard Working time if no date is given

Case turnaround times are based on the date the Rx is received at the Lab. Please allow 10 business days from that date. Allow 13 business days for complex cases.

**FIXED APPLIANCES**

- HILGERS PENDULUM
- NANCE APPLIANCES
- PASSIVE LINGUAL ARCH
- SPACE MAINTAINER
- PEDO PARTIAL

**SPLINTS - (\*)**

- FLAT OCCLUSAL SPLINT
- UPPER ANTERIOR REPOSITIONING
- KOIS DEPROGRAMMER
- MORA DESIGN
- ACRYLIC CROSS-BITE SPLINT

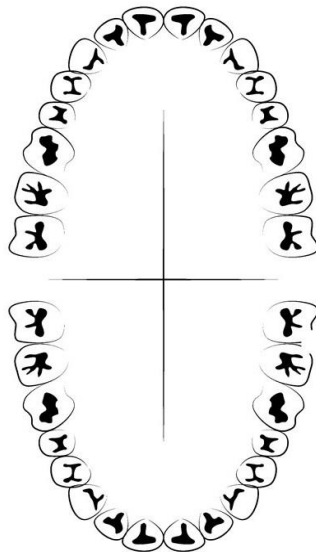
**SPRING RETAINERS**

- UPPER 3x3
- LOWER 4x4

**ESSIX ALIGNERS - (\*)**

- B SMART ALIGNERS SET
- IPR NEEDS
- PLACE POINTICS
- SHADE

(\*) - UPPER AND LOWER MODEL WITH BITE NEEDED



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**LABORATORY PRESCRIPTION**

**RETAINERS**

- ESSIX RETAINERS
- FIXED BONDED
- HAWLEY RETAINERS

**EXPANDERS**

- HYRAX
- SCHWARTZ EXPANDER
- SAGITTAL EXPANDER
- UNILATERAL EXPANDER
- 3 WAY EXPANDER

**HABIT APPLIANCES**

- TONGUE CRIB
- THUMB CRIB
- NIGHT GUARD
- SOFT  HARD  MIX
- SPORT MOUTHGUARDS - (\*)

**ACCESSORIES**

- LABIAL BOW 6 TO 6
- FULL LABIAL BOW WRAP AROUND
- ADAMS CLAPS
- BALL CLAPS
- ARROW CLAPS
- C CLAPS
- COVER OCCLUSAL
- BITE PLAINS
- MOUTHGUARDS
- COLOR OR DESIGNED

**RX SPECIFIC INSTRUCTIONS**

Please provide any photos, study models, diagnostic casts with case. Email photos to: [info@bmotholab.com](mailto:info@bmotholab.com)

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