



havenortho

ORTHODONTIC LABORATORY

Website: www.havenortho.com / E-mail: lab@havenortho.com

Doctor _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____

Email _____

Patient _____ Age _____

PLEASE PRINT CLEARLY

Date Shipped	Date Due	Lab Use Only		
	one day before appointment			

For best results, please include:

- Upper and Lower Impressions/Models (free from voids or air bubbles)
- Construction Bite with a spacing of 4-5mm occlusal vertical opening and proper MIDLINE alignment

Protection Level: 1 2 3 4 5 6

Strap: with strap without strap

Occlusal Indexing: Yes No

Solid Colors

Black Blue Clear Green

Orange Red Yellow White

APPLIANCES ARE FABRICATED TO FIT THE MODELS, PLEASE INSPECT BEFORE SENDING.

Dr. Signature: _____ License #: _____

Supplies: Pre-Paid Mail Envelopes Shipping Boxes Appliance Rx's Color Chart

MOUTHGUARD PRESCRIPTION FORM