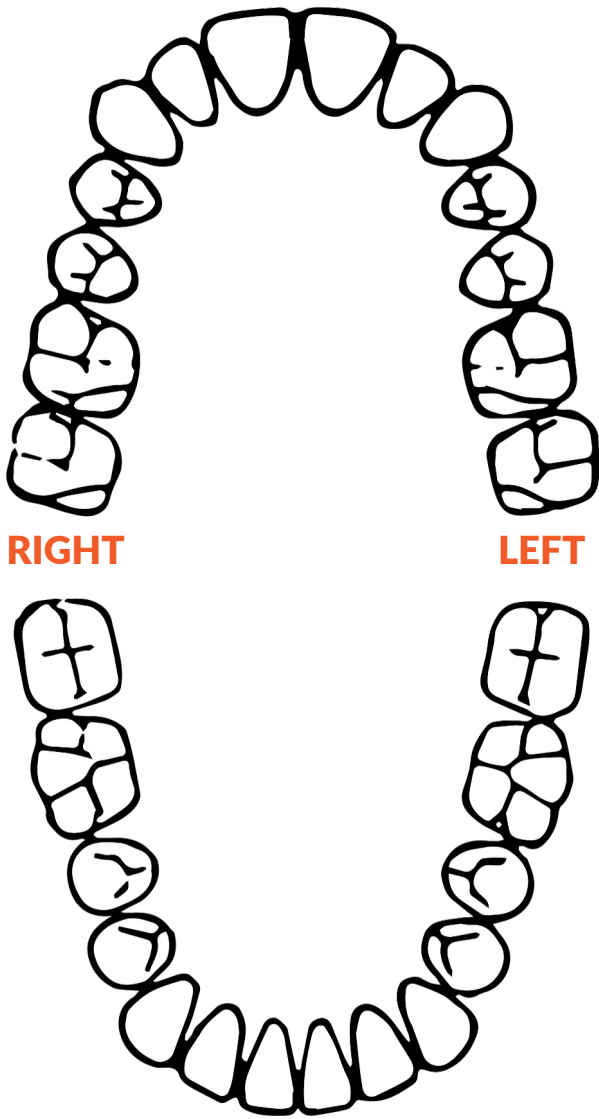




CORNERSTONE

ORTHODONTIC LABORATORY INC

104 - 7084 VEDDER RD., CHILLIWACK, BC, V2R 1E3 (604)846.0650



DATE: _____

PATIENT: _____

AGE: _____

RETURN DATE: _____

DOCTOR: _____

ADDRESS: _____

PHONE: _____

RETENTION

- BONDED LINGUAL "WAVE" RETAINER 3-3
- BONDED LINGUAL "WAVE" RETAINER 4-4
- HAWLEY RETAINER
- WRAP AROUND RETAINER
- ESSIX RETAINER

OTHER APPLIANCES

- FIXED APPLIANCE
- REMOVABLE APPLIANCE
- SPORTS GUARD APPLIANCE
- ACTIVE SCHWARTZ

ACRYLIC COLOR: _____

SPARKLES: _____

SPECIAL INSTRUCTIONS:

