



TRACHSEL DENTAL STUDIO, INC.
 1834 15th STREET N.W.
 ROCHESTER, MINNESOTA 55903-6598
 P.O. BOX 6598 PHONE 507/288-2362
 fredt@trachselstudio.com

Pan No. _____
 Return Doctors _____
 Bite _____
 Tray _____
 Articulator _____
 Age _____

DOCTOR _____
 ADDRESS _____
 CITY & STATE _____
 Patient's Name _____

Date Needed	Mail Mon	Mail Tues	Mail Wed	Mail Thurs	Mail Fri
-------------	----------	-----------	----------	------------	----------

HAWLEY RETAINER

Upper Lower

LABIAL BOW

Standard Hawley Wrap/around
 Contoured Straight

WIRE STANDARDS

.028 .030 .032 Other

CUSPID SPRING RETAINER

SPACE MAINTAINER

Please mark tooth to be banded on model
 with band without band

LI HOLDING ARCH WIRE

Please mark tooth to be banded on model
 Ideal Contoured With loop

TRANS-PALATAL ARCH WIRE

Please Indicate loop direction
 with loop without loop

NANCE APPLIANCE

OCCLUSAL BITE PLANES

Anterior Posterior

BONDED RETAINERS

Braided Straight
 with matrix
 without matrix

CLASPS

Adams circumferential
 Finger Arrow Ball
 Buccal Tube Occusal Rest

SPRINGS

Finger "S" Mouse Trap
 Cross Over Other

EXPANSION SCREWS

Standard Fan Type Three Way
 Micro One Tooth Open
 Spring Loaded

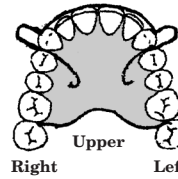
SPECIALTY CASES

Frankel Sagital Tansverse
 Bionator California Bionator
 Bionator I (Witzig Design)
 orthopedic Corrector

BLEACHING TRAYS

NIGHT GUARDS
 PROFORM
 VACUFORM
 IVOCAP

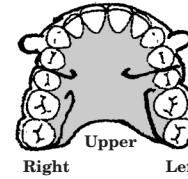
Rx Forms



Upper
Right Left

Standard Hawley

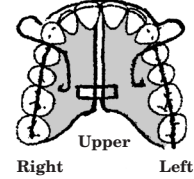
Mailing Labels



Upper
Right Left

Wraparound Hawley

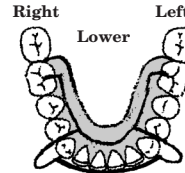
Mailing Boxes



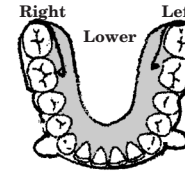
Upper
Right Left

Screw with Posterior Bite Plan

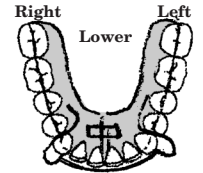
Adult



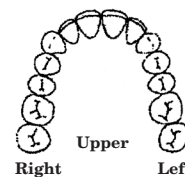
Right Lower Left



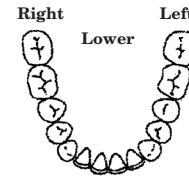
Right Lower Left



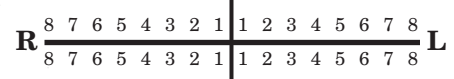
Right Lower Left



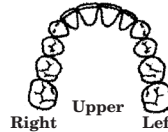
Upper
Right Left



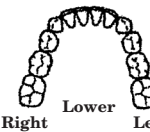
Right Lower Left



Pedo



Upper
Right Left



Lower
Right Left

SPECIAL INSTRUCTIONS

PLEASE INDICATE

OUR TERMS: Net fifteenth of the month following date of statement. Invoices 30 DAYS OR MORE PAST DUE will be subject to a finance charge of one and one-half percent (1.50%) per month. This is an ANNUAL PERCENTAGE RATE OF 18%. \$50 Minimum charge. All charges over 60 days will be sent C.O.D.

ACRYLIC: Pinktone Colored R, B, Y, G, V, O
 Ask for special colors Clear

Signature _____ D.D.S. License No. _____