



John Flutter Dental

A.B.N. 86 010 596 166

Pty Ltd

117 Warry Street

Fortitude Valley Qld 4006

Phone: 07 3852 3555

Fax: 07 3852 3777

Email:reception@jfdental.com.au

EXTERNAL

Patient:

Age: DOB: / / M F

Dentist:

Address:

Date Sent		Received by Lab	
/	/	/	/
Appliance Fit Date			
Day	Date	Time	
	/ /	:	

UPPER – Instructions / Design

Upper Appliance Colours

LOWER – Instructions / Design

Lower Appliance Colours

- U L**
- Bent Wire System
 - Include Molar Bands
 - Biobloc 1
 - Labial Bow
 - Catenary Wires
 - Approximating Wires
 - Face Mask Hooks
 - Molar Rests
 - Biobloc 2
 - Ortho White Models*
 - Stone Models
 - Repair
 - Include Facemask
 - Include Facemask Elastics
- Other / Instructions
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Other / Instructions