



RODWELL ORTHODONTIC LABORATORY PTY LTD

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DATE:
DOCTOR:
PRACTICE:
ADDRESS:

Pt. NAME: M F
SURNAME:
OTHER INFO:

LAB REQUEST NO.

ORTHODONTICS

U L Invisible Retainer
 Fixed Lingual Wire

CLEAR ALIGNERS

U L Estimate Only
 Proceed Now

SPLINTS

U L Full Hard (3D Printed)
 Hard / Soft (Thermoformed)
 Full Soft (Erko 95)

MOUTHGUARDS

Junior
 Standard
 Pro (3 layer)

SUBMISSION METHOD

Gypsum / Impression **UPLOAD** to Lab Dropbox Practice Portal

INSTRUCTIONS

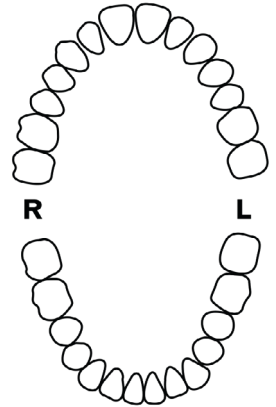
Mark any special requests on the diagram

UPPER
.....
.....

COLOUR INSERT

LOWER
.....
.....

COLOUR INSERT



Lab Fee

Office use

Total
(excl. gst)

A tax invoice and summary will be sent at conclusion of each month

Patient's next appt: []

Time: []