

Doctor.....
 Address.....

 City..... Zip.....
 Telephone.....
 Patient name.....
 Date shipped.....
 Date Needed.....

Please allow a minimum of 15 day's laboratory time

For a free collection please contact me. If you do this before 15:00 hours, the moulds can still be collected from you in the practice on the same day.

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CASE INFORMATION

UPPER LOWER
 Lingual
 Labial done by lab or orthodontist

TRAY SECTIONS:

Full Arch
 Midline Split
 3 Pieces

LINGUAL CASE INFORMATION:

CLASS System
 TARG System

LINGUAL ARCHWIRES: upper lower

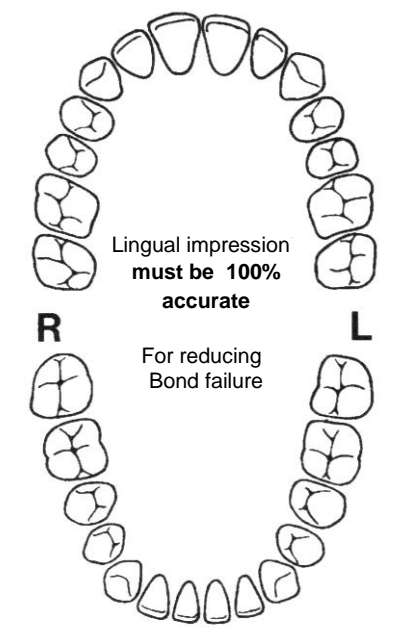
NITI .010	<input type="checkbox"/>	<input type="checkbox"/>
NITI .013	<input type="checkbox"/>	<input type="checkbox"/>
NITI .016	<input type="checkbox"/>	<input type="checkbox"/>
Heat activated .016	<input type="checkbox"/>	<input type="checkbox"/>
Heat activated .016x.022	<input type="checkbox"/>	<input type="checkbox"/>
Heat activated .017x.017	<input type="checkbox"/>	<input type="checkbox"/>
Heat activated .017x.025	<input type="checkbox"/>	<input type="checkbox"/>
Stainless steel .016	<input type="checkbox"/>	<input type="checkbox"/>
Stainless steel .018	<input type="checkbox"/>	<input type="checkbox"/>
Stainless steel .016x.022	<input type="checkbox"/>	<input type="checkbox"/>
TMA .016	<input type="checkbox"/>	<input type="checkbox"/>
TMA .016x.022	<input type="checkbox"/>	<input type="checkbox"/>
TMA .0175x.0175	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Please always check personally your impression before shipment.

SPECIALNOTES:.....

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For laboratory use	