



MidLyneTM
Orthodontic Laboratory

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Rx Minor Tooth Movement

Patient's Name _____

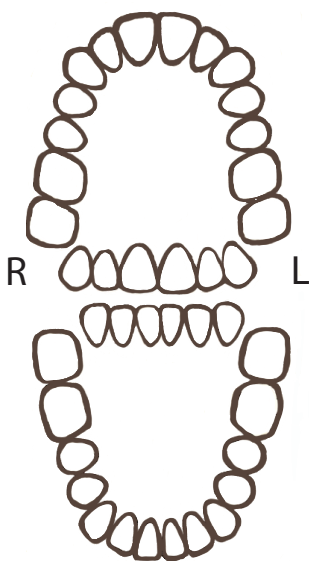
Date Wanted _____

(Please request at least 1 business day prior to patient appt.)

Doctor _____ Telephone _____

Address _____

State _____ Zip _____

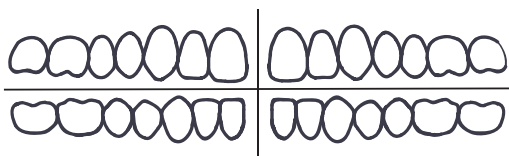


- ☐ 3D Print
- ☐ 3 x 3 Spring Clip
- ☐ 3 x 3 Spring Clip with Extensions
- ☐ Spring Hawley
- ☐ Modified Spring Retainer
- ☐ Modified Spring Retainer With Helical Coils
- ☐ TMA Activated Spring Retainer

Reset # _____

☐ Brilliance Aligners # _____

Specify IPR locations and Stripping Widths Below



Instructions / Comments _____
