Cottonwood LABORATORIES
6526 S. State St. Ste. 301
Murray, UT 84107
Phone: 801-904-2006

SHARPIE DATE:

PAN #

*LAB USE ONLY*

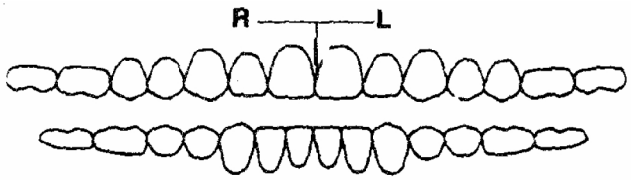
# Archworx®

**All aligner cases are 10 full business days in lab. Please add additional time if an estimate or TPE is requested.**

Sent Date: _____/_____/_____
Delivery Date: _____/_____/_____ Time: _____
Doctor Name: _____
Practice Name/Location: _____
Patient Name: (Last)_____
(First)_____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

*LAB USE ONLY*

**(Lab use only)**
**Lab Notes:**




*Shade teeth to be aligned*

- ❑ (Contacts already stripped) Please indicate stripped teeth (Mesial & Distal)
- ❑ Do not Strip
- ❑ TPE requested (5 business days to complete)
- ❑ Estimate before starting case

**Please send white copy.**

**Setup fee for cases under 3 trays per arch.**
***"We'll Make It Right!"***

**(Doctor Use) Email:** _____
**Special Instructions:**

**Dr. Signature:** _____
❑ **Impression checked by Dr.**

**STRIPPING CHART** mm M | mm D

**M = MESIAL**
**D = DISTAL**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| TRAY 1 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 |
| TRAY 2 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 |
| TRAY 3 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 |
| TRAY 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 |
| TRAY 5 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 |

**(Lab use only)**
**Stripping Notes:**