Orthodontic Appliance Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart #_____ ☐ M ☐ F DOB _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

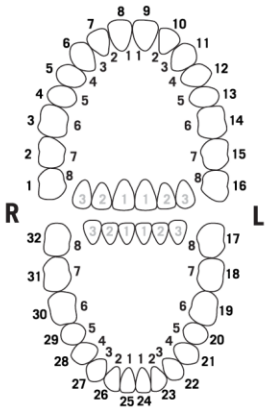
SPRING ALIGNERS

☐ Modified ☐ Super Modified

Extension with

☐ Clasp ☐ Wire
☐ Rest ☐ No reset
☐ Reset teeth

R 3 2 1 | 1 2 3
3 2 1 | 1 2 3 L



Remove

☐ Lingual Attachments
☐ Buccal Tubes

Provide

☐ Bands
☐ Buccal Tubes

FIXED APPLIANCES

	U	L
Fixed Anterior Bite Plate	☐	☐
Lingual Arch (Bilateral)	☐	☐
Nance	☐	☐
Habit Tongue Crib	☐	☐
Fence Tongue Guard	☐	☐
Band & Loop (Unilateral)	☐	☐
Active Loop	☐	☐
Sliding Loop	☐	☐
Looped Coil	☐	☐
Distal Shoe	☐	☐
Lip Bumper	☐	☐
Bluegrass	☐	☐

ARCH DEVELOPMENT

	U	L
Hyrax RPE with Facemask hooks	☐	
Hyrax RPE	☐	
Bonded RPE	☐	
Haas RPE	☐	
Pendulum	☐	
Pendex	☐	
Quad-Helix	☐	☐
Bi-Helix	☐	☐
Transpalatal Arch (TPA)	☐	☐
"W" Expansion Appliance	☐	☐
Schwartz	☐	☐
Sagittal	☐	☐
Crozat	☐	☐
Twin Block	☐	☐
E-Arch		☐

RETAINERS

Appliance Options ☐ Upper ☐ Lower ☐ Both

Bleaching Trays ☐ Soft ☐ 1.5mm

Essix/Invisible Retainers

☐ Full occlusal ☐ Scalloped ☐ Straight

Acrylic Design Options

☐ Anterior Bite Plate ☐ Posterior Bite Plate
☐ Reverse Incline Bite Plate ☐ Horseshoe Palate
☐ Scalloped Anteriors ☐ Facial Acrylic on Labial Bow

Retainer Type

☐ Hawley ☐ Flipper + 1 Pontic
☐ Wraparound ☐ 3x3 bonded retainer
☐ Wraparound without stabilizing wires ☐ QCM

Acrylic Color ☐ Pink* ☐ Clear ☐ #____

Labial Wire

☐ 3-3* ☐ 2-2 ☐ 4-4 ☐ Flat labial bow

Clasps

☐ Ball* ☐ C ☐ Arrow ☐ Adams
☐ Soldered C ☐ Soldered Adams ☐ Occlusal Rest

Pontic

R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Shade _____

Auxiliaries

☐ Finger Springs ☐ Spring Helixes
☐ Z Spring ☐ Molar Retracting Spring
☐ Stabilizing Wires ☐ Bloore Spring
☐ Mushroom Spring

STUDY MODELS

☐ Finished
☐ Unfinished
☐ Duplication

NIGHTGUARDS

☐ Upper ☐ Lower

☐ Hard ☐ Soft
☐ Flexi ☐ Astron

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case

Dentist signature** _____
(REQUIRED)

Dentist license no. _____
(REQUIRED)

Standard design if an option is not selected