



6526 S. State St. Ste. 301
Murray, UT 84107

Phone: 801-904-2006

SHARPIE DATE:
PAN #
<i>LAB USE ONLY</i>

Orthodontic Rx Form

"We'll Make It Right!"

REMOVABLE APPLIANCES

Max	Mand	Retainers
<input type="checkbox"/>	<input type="checkbox"/>	Hawley Retainer
<input type="checkbox"/>	<input type="checkbox"/>	Wraparound Hawley
<input type="checkbox"/>	<input type="checkbox"/>	Flipper (Shade) _____
<input type="checkbox"/>	<input type="checkbox"/>	3X3 Clip Retainer
<input type="checkbox"/>	<input type="checkbox"/>	Clear Tray Retainer
<input type="checkbox"/>	<input type="checkbox"/>	Welded Labial Bow to Adams

Shipping	
Impressions	
Models	
Bands	
Appliance	

LAB USE ONLY

All appliances are 5 full business days in lab if no appointment is given. Please allow 24 Hours for all pickups.

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

Active Plates

Max	Mand	Active Plates
<input type="checkbox"/>	<input type="checkbox"/>	Schwartz (mid-line)
<input type="checkbox"/>	<input type="checkbox"/>	Schwartz (mid-line two screw)
<input type="checkbox"/>	<input type="checkbox"/>	Sagital (Two way) (Specify Design)
<input type="checkbox"/>	<input type="checkbox"/>	Sagital (Three way) (Specify Design)

Spring Retainers

Max	Mand	Spring Retainers
<input type="checkbox"/>	<input type="checkbox"/>	Standard Spring
<input type="checkbox"/>	<input type="checkbox"/>	3X3 Spring Clip
<input type="checkbox"/>	<input type="checkbox"/>	Modified Spring
MAX		Reset 321123 IPR _____ ---
MAND		Reset 321123 IPR _____ ---

Clasping (Removable Appliances)

Max	Mand	Clasping (Removable Appliances)
<input type="checkbox"/>	<input type="checkbox"/>	Ball Clasp 1st Set b/t _____ ---
<input type="checkbox"/>	<input type="checkbox"/>	Ball Clasp 2nd Set b/t _____ ---
<input type="checkbox"/>	<input type="checkbox"/>	Adams On _____ ---
<input type="checkbox"/>	<input type="checkbox"/>	C Clasp On _____ ---
<input type="checkbox"/>	<input type="checkbox"/>	Welded C On _____ ---
<input type="checkbox"/>	<input type="checkbox"/>	Arrow Clasp b/t _____ ---
<input type="checkbox"/>	<input type="checkbox"/>	Lingual Clasp (Please Draw)
<input type="checkbox"/>	<input type="checkbox"/>	Other " _____ "

Accessories

Max	Mand	Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Labial Acrylic _____ ---
<input type="checkbox"/>	<input type="checkbox"/>	Anterior bite plate
<input type="checkbox"/>	<input type="checkbox"/>	Anterior Guidance w/bite plate
<input type="checkbox"/>	<input type="checkbox"/>	Posterior Bite Plate
<input type="checkbox"/>	<input type="checkbox"/>	Finger springs (Please Draw)
<input type="checkbox"/>	<input type="checkbox"/>	Diastama Springs (Please Draw)
<input type="checkbox"/>	<input type="checkbox"/>	Facial Spring

Acrylic preference

Palatal Acrylic:
 Full Palate Partial Horseshoe Full Horseshoe

MAX: Trim to: 1st molar distal to: 1/2 of 2nd molar distal to: 1/2 of

MAND: Trim to: 1st molar distal to: 1/2 of 2nd molar distal to: 1/2 of

FIXED APPLIANCES

RPE (Hyrax)

Band size or Crown size

UR _____ UL _____ LR _____ LL _____

Max	Mand	RPE (Hyrax)
<input type="checkbox"/>		RPE w/ "CLICK SCREW" 7mm or 12mm
<input type="checkbox"/>		RPE 8mm or 13mm
<input type="checkbox"/>	<input type="checkbox"/>	RPE Compact Screw Max 8mm or 11mm
<input type="checkbox"/>		Haas RPE
<input type="checkbox"/>		Bonded RPE 8mm or 13mm

Other Fixed Appliances

Max	Mand	Other Fixed Appliances
<input type="checkbox"/>		Quad Helix
<input type="checkbox"/>	<input type="checkbox"/>	Lingual Arch w/ loops
<input type="checkbox"/>	<input type="checkbox"/>	Lingual Arch
<input type="checkbox"/>	<input type="checkbox"/>	Bonded 3X3
<input type="checkbox"/>		TPA
<input type="checkbox"/>		Nance
<input type="checkbox"/>	<input type="checkbox"/>	Band and loop (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	Dewey (Lower Lingual)
<input type="checkbox"/>	<input type="checkbox"/>	E Arch
<input type="checkbox"/>		Habit _____ (Specify)

Fixed Accessories

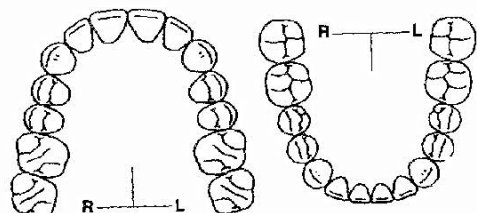
Max	Mand	Fixed Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Weld reinforcement
<input type="checkbox"/>	<input type="checkbox"/>	AWT Attachments .022 or .018
<input type="checkbox"/>	<input type="checkbox"/>	Remove AWT from bands

Fixed Distalizing Appliances

Max	Mand	Fixed Distalizing Appliances
<input type="checkbox"/>		Pendulum
<input type="checkbox"/>		Pend X
<input type="checkbox"/>		T-Rex
<input type="checkbox"/>		Distal Jet
<input type="checkbox"/>	<input type="checkbox"/>	Rapid Molar Distalizer

3D Printed Models (5 days in lab)

Standard Study Model Premium Study Model
 Working Model Horseshoe Arch Model



Specify retainers color, patterns & inlay.

Max: _____
 Mand: _____

INLAY #

Please send white copy.

Special instructions:

Dr. Signature: _____

Impression checked by Dr.