

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)

Case turnaround times are based on the date the Rx is received at DDS Lab. Please allow 10 business days (M-F) from that date. Allow 13 business days for complex cases.

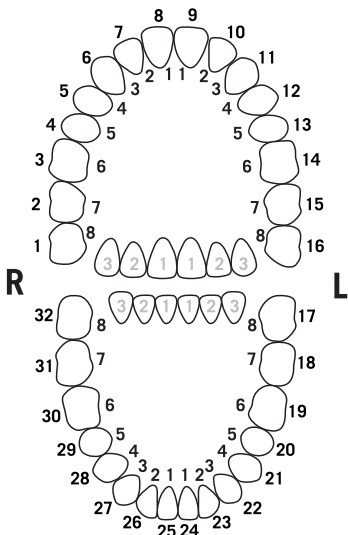
SPRING ALIGNERS

Modified Super Modified

Extension with

Clasp Wire
 Rest No reset
 Reset teeth

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



Remove
 Lingual Attachments
 Buccal Tubes

Provide
 Bands
 Buccal Tubes

FIXED APPLIANCES

	U	L
Fixed Anterior Bite Plate	<input type="checkbox"/>	<input type="checkbox"/>
Lingual Arch (Bilateral)	<input type="checkbox"/>	<input type="checkbox"/>
Nance	<input type="checkbox"/>	<input type="checkbox"/>
Habit Tongue Crib	<input type="checkbox"/>	<input type="checkbox"/>
Fence Tongue Guard	<input type="checkbox"/>	<input type="checkbox"/>
Band & Loop (Unilateral)	<input type="checkbox"/>	<input type="checkbox"/>
Active Loop	<input type="checkbox"/>	<input type="checkbox"/>
Sliding Loop	<input type="checkbox"/>	<input type="checkbox"/>
Looped Coil	<input type="checkbox"/>	<input type="checkbox"/>
Distal Shoe	<input type="checkbox"/>	<input type="checkbox"/>
Lip Bumper	<input type="checkbox"/>	<input type="checkbox"/>
Bluegrass	<input type="checkbox"/>	<input type="checkbox"/>

ARCH DEVELOPMENT

	U	L
Hyrax RPE with Facemask hooks	<input type="checkbox"/>	<input type="checkbox"/>
Hyrax RPE	<input type="checkbox"/>	<input type="checkbox"/>
Bonded RPE	<input type="checkbox"/>	<input type="checkbox"/>
Haas RPE	<input type="checkbox"/>	<input type="checkbox"/>
Pendulum	<input type="checkbox"/>	<input type="checkbox"/>
Pendex	<input type="checkbox"/>	<input type="checkbox"/>
Quad-Helix	<input type="checkbox"/>	<input type="checkbox"/>
Bi-Helix	<input type="checkbox"/>	<input type="checkbox"/>
Transpalatal Arch (TPA)	<input type="checkbox"/>	<input type="checkbox"/>
"W" Expansion Appliance	<input type="checkbox"/>	<input type="checkbox"/>
Schwartz	<input type="checkbox"/>	<input type="checkbox"/>
Sagittal	<input type="checkbox"/>	<input type="checkbox"/>
Crozat	<input type="checkbox"/>	<input type="checkbox"/>
Twin Block	<input type="checkbox"/>	<input type="checkbox"/>
E-Arch	<input type="checkbox"/>	<input type="checkbox"/>

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
Email photos to: ddslabpix@ddslab.com

Dentist signature** _____
(REQUIRED)

Dentist license no. _____
(REQUIRED)

***Standard design if an option is not selected**



5440 Beaumont Center Blvd, Suite 400 | Tampa, Florida 33634
877-337-7800 | www.DDSLlab.com | DL 10334

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by DDS Lab in the event the account is sent to collections or litigation. RX-CNB2017 © 2017 DDS Lab. All rights reserved.