

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.

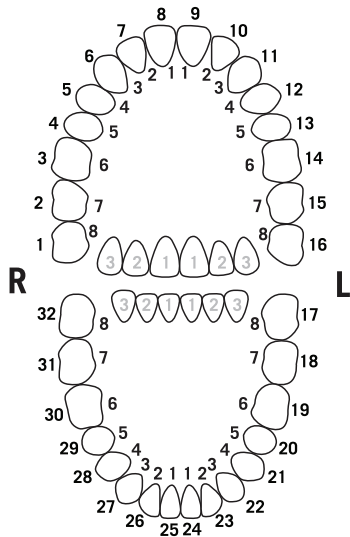
SPRING ALIGNERS

- Modified Super Modified
- 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 | <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"/> |
| Pedo Partial | <input type="checkbox"/> | <input type="checkbox"/> |

ARCH DEVELOPMENT

- | | U | L |
|-------------------------------|--------------------------|--------------------------|
| Hyrax Mini Screw | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| Twin Block | <input type="checkbox"/> | <input type="checkbox"/> |
| E-Arch | <input type="checkbox"/> | <input type="checkbox"/> |
| Mara | <input type="checkbox"/> | <input type="checkbox"/> |
| Herbst | <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
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

 L

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
- Flexiguard* Hard/Soft Astron/Thermo
- Deprogrammer Mini No Opposing
- Deprogrammer Full

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*