

Instructions for completing Clear Image Aligners Rx

Specialty Appliances Clear Image® Aligners Rx Guardian® Invisible Retainers Rx

CONTACT ME REGARDING CASE ADDRESS CHANGE SEND ADDITIONAL ★
 SPECIAL INSTRUCTIONS ON FILE NEW ACCOUNT RX FORMS
 MAILING LABELS/SUPPLIES

DOCTOR _____ ACCT# _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
EMAIL _____
PATIENT NAME _____
DATE SHIPPED _____ DATE NEEDED * **REQUIRED**

APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

CLEAR IMAGE® ALIGNER SERIES REQUESTED

Series 1 – 3 Aligners as Needed Upper Lower
 Series 5 Aligners Upper Lower
 Specialty Invisible Retainers Upper Lower

Circle Teeth to Reset/Check Teeth to be Overcorrected

R [7][6][5][4][3][2][1] | [1][2][3][4][5][6][7] L
[7][6][5][4][3][2][1] | [1][2][3][4][5][6][7]
L [7][6][5][4][3][2][1] | [1][2][3][4][5][6][7] R

IPR INSTRUCTIONS FOR RESETS

Enamel Reduction – Indicate on Diagram
 Reduce Teeth as Needed in Laboratory
 IPR Done Clinically Prior to Impressions
 No IPR Required

Pre - GUARDIAN® Upper Arch Lower Arch

GUARDIAN® INVISIBLE RETAINERS REQUESTED

Upper Arch 2 IR's 3 IR's 4 IR's
 Lower Arch 2 IR's 3 IR's 4 IR's

GUARDIAN® OPTIONS

Reset Anterior Teeth (2-2) – Indicate on Diagram Above
 Add Fixed Lingual Retainers – Indicate in Section →
 Add Pontics – Indicate on Diagram Shade _____
 Add Mouthguard (Upper Only) - Select Color Below
 Black White Blue Red Green

FIXED LINGUAL RETAINERS

Placement of Retainer	Upper	Lower
Central – Central	<input type="checkbox"/>	<input type="checkbox"/>
Lateral – Lateral	<input type="checkbox"/>	<input type="checkbox"/>
Cuspid – Cuspid	<input type="checkbox"/>	<input type="checkbox"/>

Composite Pad Design

Pads on Each Tooth	<input type="checkbox"/>	<input type="checkbox"/>
Pads on Distal Most Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Mesh Pads on Each Tooth	<input type="checkbox"/>	<input type="checkbox"/>
Mesh Pads on Distal Most Teeth	<input type="checkbox"/>	<input type="checkbox"/>
AOB Pad Design	<input type="checkbox"/>	<input type="checkbox"/>

Type of Wire

Round .028	<input type="checkbox"/>	<input type="checkbox"/>
.016 – .022 Braided	<input type="checkbox"/>	<input type="checkbox"/>
.016 – .022 Solid SS	<input type="checkbox"/>	<input type="checkbox"/>

DR. SIGNATURE: /s/ **REQUIRED** LICENSE NUMBER: **REQUIRED** EXPIRES: mm/yy

01

If you would like a call from us to discuss the number of aligners required to achieve the desired results, please include that request here.

02

Indicate all teeth that we should or shouldn't be resetting.

03

Provide IPR information.



Please fill out the general information section completely to ensure that your order will be processed correctly and efficiently.