



Instructions for completing *Functional Rx*:

Functional Rx

CONTACT ME REGARDING CASE ADDRESS CHANGE

SPECIAL INSTRUCTIONS ON FILE NEW ACCOUNT

SEND ADDITIONAL

RX FORMS

MAILING LABELS/SUPPLIES

OFFICE USE: 1 2 3 4 + PD: SA DR

MODELS: U L BOTH BANDS CROWNS BROKEN

IMPRESSIONS: U L BOTH

DISINFECT: _____ QA IN: _____ FINAL INSP: _____

DOCTOR: _____ ACCT# _____ ★

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

PATIENT NAME: _____

DATE SHIPPED: _____ DATE NEEDED* **REQUIRED**

*Unless otherwise requested, we will manufacture and ship appliance within 7 to 10 working days from date of receipt.

APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

FRANKEL

FR I FR II

FR III FR IV

FR V FR II+IV

Buccal Wax Relief

Standard Wax

Alternative
(Indicate on diagram)

Lingual Springs on Lower Anteriors

Yes No

Spacers used Mesial to 6's

FR Accessories

Add Upper Lip Pads

Lower Molar Rests

Advancement Screws

Acrylic Color

Clear

Color Chart # _____

FUNCTIONALS

BIONATOR

CORRECTOR

TANDEM

TWIN BLOCK - Clark

TWIN BLOCK - McNamara

Appliance Design

To Open The Bite

To Close The Bite

Maintain The Bite

Expansion Screws

No Screws Required

Add Screws: Upper Lower

Midline

Sagittal

ACCESSORIES FOR ALL APPLIANCES

Wire / Clasps

Hawley Labial Bow

Upper Lower

Add Adams Clasps

Add Ball Clasps

Add Arrow Clasps

Add "C" Clasps

Acrylic Design

Trim Posterior For Maximum Eruption

Trim As Diagrammed

Occlusal Coverage

Upper Lower

Anterior Bite Plane

Accessories

Carve brackets Off Models

Add Labial Pads

Upper Lower

Add AW Tubes .018 .022

Add HG Tubes .045

Acrylic Colors

Pink Tint Acrylic

Clear Acrylic

Specialty Colors
(Please refer to the Specialty Appliances Custom Color Chart)

ACTIVE DESIGNS

SAGITTAL - AP

3 WAY SAGITTAL

SCHWARZ

BONDED EXPANDER

NORD EXPANDER

PHASE II APPLIANCE

Upper Lower

Expansion Screws

Midline Screw Only

2 Midline Screws

2 Sagittal Screws

Fan Expansion Screw

Other Screw Design
(please diagram)

Digital Scan Taken with:

iTero Carestream

3Shape Sirona

3M

SPECIAL INSTRUCTIONS

DR. SIGNATURE: **/s/ REQUIRED** ★

LICENSE NUMBER: **REQUIRED** EXPIRES: **mm/yy**

P.O. BOX 100005, CUMMING, GA 30028-9919 (FOR USE ONLY WITH SPECIALTY APPLIANCES PREPAID BUSINESS REPLY LABELS)

4905 HAMMOND INDUSTRIAL DRIVE, CUMMING, GA 30041 (FOR ALL CASES SHIPPED DIRECTLY TO STREET ADDRESS)

(800) 522-4636 • IN GEORGIA (678) 513-4408 • FAX (678) 513-7345 • SPECIALTYAPPLIANCES.COM

01

Palatal Anatomy: Most of these appliances require that the palatal anatomy be captured in the scan/impression/model.

Opposing Arch: Additionally, most Functional appliances include some degree of occlusal acrylic and therefore require occlusal balancing during fabrication. For this reason, we strongly recommend including the opposing arch in your submission.

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



Also, the doctor's signature, license number, and license number expiration date are required on all prescription sheets! If sending a digital rx, this section can be completed electronically.