

Instructions for completing the Invisible Retainer/Guardian Retainer Rx:



Clear Image® Aligners Rx

Guardian® Invisible Retainers Rx

CONTACT ME REGARDING CASE
 SPECIAL INSTRUCTIONS ON FILE
 ADDRESS CHANGE
 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

APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED
*Unless otherwise requested, we will manufacture and ship appliance within 7 to 10 working days from date of receipt.

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

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 (2-7) - 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"/>

Digital Scan Taken with: _____ SPECIAL INSTRUCTIONS _____

iTero® Carestream®
 3Shape Sirona®
 3M®

DR. SIGNATURE: _____/ 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

Note: This Rx can be used to request aligners as well as retainers however these instructions will apply to retainer requests.

01 To request a single retainer per arch, complete this section. If you would like more than one set of identical invisible retainers, please, see below.

02 To request either 2, 3, or 4 sets of identical “Guardian” retainers, please complete this section.

03 Bonded lingual retainers can also be requested using this Rx. Additionally, this Rx can be used when requesting fabrication of both an invisible and bonded retainer.

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. When sending a digital Rx, this section can be completed digitally!