

Instructions of completing a *Positioner Rx*:

Positioner Appliance 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**

*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

MATERIAL OPTIONS

Clear Vinyl Soft Medium Silicone Medium

TRIMMING REQUIREMENTS

Height
 Standard High Short

Thickness
 Standard Thick Thin

OPTIONS AVAILABLE

Air Holes 3 5
 Serrations
 Ball Clasps

Location for Clasps

	R	7	6	5	5	6	7		L
		7	6	5	5	6	7		

End Appliance Distal to

	6	6	7	7	8	8
	6	6	7	7	8	8

SET UP INSTRUCTIONS

Duplicate our Models Carve Brackets and Bands
 Retain Upper 1st Molar Bands DO NOT CARVE BRACKETS AND BANDS
 Allow for Upper/Lower Retainer Pre-Treatment Diagnostic Set Up
 Reset All Teeth Reset Only Circled Teeth

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	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		

SPACE CLOSURE

Close Completely
 Close as Feasible
 Leave Space
 Distal to _____
 Between _____

ANTERIOR OVERBITE

Ideal 1 – 2mm
 Maintain
 Set to _____ mm

ANTERIOR OVERJET

Ideal
 Maintain
 Set to _____ mm

ANTERIOR ROOT TORQUE

	Upper	Lower
<input type="checkbox"/> Maintain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lingual	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Labial	<input type="checkbox"/>	<input type="checkbox"/>

OCCLUSAL PLANE

Maintain
 Flat
 Curve of Spee
 Curve of Wilson

ARCH WIDTH

	Upper	Lower
<input type="checkbox"/> Maintain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Constrict	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Widen	<input type="checkbox"/>	<input type="checkbox"/>

MOUTHGUARDS

Upper Arch Only
 Upper and Lower
 Pressure Formed
 Upper Lower
 Color _____

Contact Sport
 Pressure Formed

ARTICULATION

Average Bite Opening
 Hinge Axis Tracing
 Gnathological Set Up
 Sam Denar Panadent
 Quick Split Magna Split

Digital Scan Taken with: iTero Carestream 3Shape Sirona 3M

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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)
 MKT-32, 9-15 (800) 522-4636 • IN GEORGIA (678) 513-4408 • FAX (678) 513-7345 • SPECIALTYAPPLIANCES.COM

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Bonded Retainer?: If a bonded retainer will be delivered at a later date, please provide that information (including which teeth will be involved) at the bottom of the Rx so we can make room for that retainer during fabrication of the Positioner.

02

Advancement?: Select the type of setup that you would like used with your case.



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!