

NOTIFICATION

-
- 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* _____

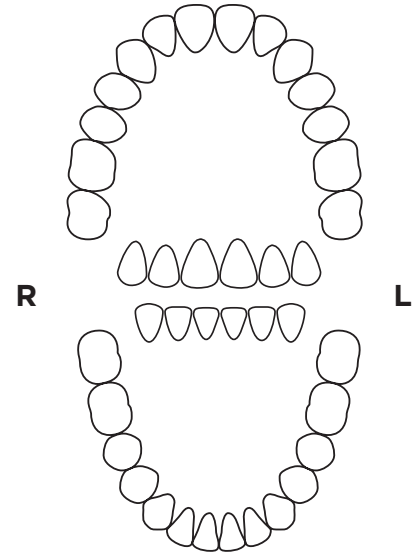
**Date needed should be at least 1 day before appointment date.*

-
- APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

-
- Positioner**
-
-
- iFinisher**

DIGITAL SCAN TAKEN WITH:

-
- iTero
-
- Carestream
-
-
- 3Shape
-
- Sirona
-
-
- 3M
-
- Other: _____


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

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

ANTERIOR OVERBITE

-
- Ideal 1-2mm
-
-
- Maintain
-
-
- Set to _____mm

ANTERIOR OVERJET

-
- Ideal
-
-
- Maintain
-
-
- Set to _____mm

ANTERIOR ROOT TORQUE

- | | | |
|-------------|-----------------------|-----------------------|
| | U | L |
| Maintain | <input type="radio"/> | <input type="radio"/> |
| Add Lingual | <input type="radio"/> | <input type="radio"/> |
| Add Labial | <input type="radio"/> | <input type="radio"/> |

OCCLUSAL PLANE

-
- Flat
-
-
- Curve of Spee
-
-
- Maintain

ARCH WIDTH

- | | | |
|-----------|-----------------------|-----------------------|
| | U | L |
| Maintain | <input type="radio"/> | <input type="radio"/> |
| Constrict | <input type="radio"/> | <input type="radio"/> |
| Widen | <input type="radio"/> | <input type="radio"/> |

MATERIAL OPTIONS

-
- CLEAR VINYL
-
- Soft
-
- Medium
-
-
- SILICONE
-
- Medium

TRIMMING REQUIREMENTS

- HEIGHT**
-
- Std
-
- High
-
- Short
-
- THICKNESS**
-
- Std
-
- Thick
-
- Thin

ADDITIONAL OPTIONS

-
- Airholes
-
- 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

ARTICULATION

-
- Average Bite Opening
-
-
- Gnathological Set Up
-
-
- Sam
-
- Denar
-
- Panadent

 SPECIAL INSTRUCTIONS _____

DOCTOR SIGNATURE _____

License # _____ Expiration _____