Specialty Appliances

Positioner Appliance 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

SET UP INSTRUCTIONS

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

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			

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
☐ Maintain	☐	☐
☐ Lingual	☐	☐
☐ Labial	☐	☐

OCCLUSAL PLANE

☐ Maintain
☐ Flat
☐ Curve of Spee
☐ Curve of Wilson

ARCH WIDTH

	Upper	Lower
☐ Maintain	☐	☐
☐ Constrict	☐	☐
☐ Widen	☐	☐

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**

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