

**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\* \_\_\_\_\_

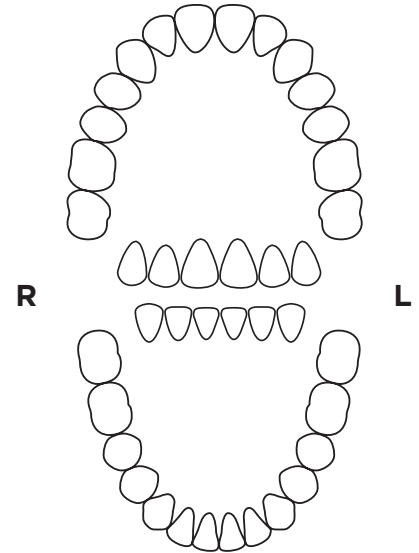
*\*Date needed should be at least 1 day before appointment date.*

- 
- 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**

- |             |                       |                       |
|-------------|-----------------------|-----------------------|
|             | <b>U</b>              | <b>L</b>              |
| 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**

- |           |                       |                       |
|-----------|-----------------------|-----------------------|
|           | <b>U</b>              | <b>L</b>              |
| 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

**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**


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DOCTOR SIGNATURE \_\_\_\_\_

License # \_\_\_\_\_ Expiration \_\_\_\_\_

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