

Metal Rx

SEND Rx FORMS MAILING LABELS SHIPPING SUPPLIES

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ DATE NEEDED* _____

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

APPROVAL TO CHARGE EXPEDITED MANUFACTURING AND SHIPPING

DIGITAL SCAN TAKEN WITH:

- iTero® Carestream 3M™ Medit
 TRIOS® Sirona Other _____

EXPANSION

	STANDARD	MINI	CLICK
Hyrax RPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haas RPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acrylic Bonded RPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DeLuke Contoured RPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exspider Fan Expander	<input type="radio"/>		
Lower Fixed Expander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quad Helix	<input type="radio"/>		
E-Arch	<input type="radio"/>		
W-Arch	<input type="radio"/>		

DISTALIZATION

	RIGHT	LEFT
Pendulum Original	<input type="radio"/>	<input type="radio"/>
Pendex (w/ Expander)	<input type="radio"/>	<input type="radio"/>
T-Rex	<input type="radio"/>	<input type="radio"/>
PHD Appliance	<input type="radio"/>	<input type="radio"/>
MDA Appliance	<input type="radio"/>	<input type="radio"/>
Rapid Molar Distalizer	<input type="radio"/>	<input type="radio"/>
Horseshoe Jet	<input type="radio"/>	<input type="radio"/>
Distal Jet	<input type="radio"/>	<input type="radio"/>
Halterman Appliance	<input type="radio"/>	<input type="radio"/>
IPC (Inman Power Component)	<input type="radio"/>	<input type="radio"/>

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

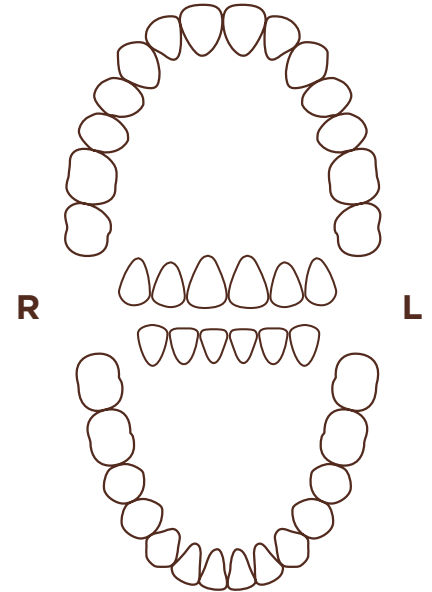
OFFICE USE: 1 2 3 4 + PD: SA DR

MODELS: U L BOTH BANDS CROWNS BROKEN

IMPRESSIONS: U L BOTH

DISINFECT: _____ QA IN: _____ FINAL INSP: _____

UR: _____ UL: _____ LR: _____ LL: _____



TAD DESIGNS

- RPE: Tomas™ MSE
 Intrusion TPA _____ mm away from palate
 T-Bar
 amda®
 Other (Specify in Special Instructions below)

HOLDING

- Transpalatal Arch
 Lingual Arch: Lower
 Nance Appliance
 Space Maintainer _____

OTHER APPLIANCES

- Habit Crib Spurs Bluegrass
 Fixed Bite Plane
 Xbow®
 Tandem™

ACCESSORIES

- Archwire Tubes Upper Lower
 Headgear Tubes Lip Bumper Tubes
 Lingual Sheaths
 Facemask Hooks _____
 Debonding Holes Vent Holes
 ROC (Removed Occlusal Crown)
 Debonding Wires Debonding Screws
 Acrylic Color _____

ANCHORAGE

- Specialty Appliances provides and fits:
 Band(s) ROC(s) Crown(s) OnBRACE®
 Bands or Crowns enclosed with case

R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	

OCCLUSAL RESTS

OCCLUSAL RESTS PER DIAGRAM

R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	

3D PRINTED/SINTERED

(Select for 3D Metal Printing)