Orthodontic Appliance Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ ☐ M ☐ F DOB _____

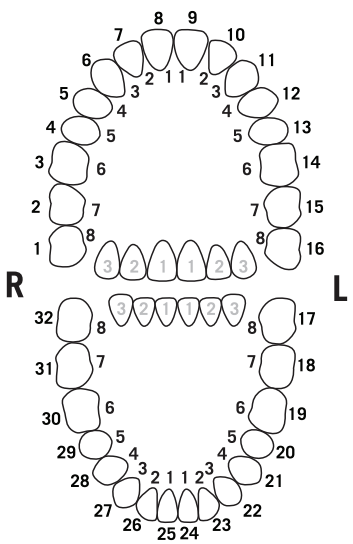
Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at DBS Lab. Please allow 10 business days (M-F) from that date. Allow 15 business days for complex cases.

SPRING ALIGNERS

☐ Modified ☐ Super Modified
☐ No reset ☐ Reset teeth

R 3 2 1 | 1 2 3 L
3 2 1 | 1 2 3



Remove
☐ Lingual Attachments
☐ Buccal Tubes

Provide
☐ Bands
☐ Buccal Tubes

FIXED APPLIANCES

	U	L
Fixed Bite Plate	☐	☐
Removable Bite Plate	☐	☐
Lingual Arch (Bilateral)	☐	☐
Nance	☐	
Habit Tongue Crib	☐	☐
Fence Tongue Guard	☐	☐
Band & Loop (Unilateral)	☐	☐
Active Loop	☐	☐
Sliding Loop	☐	☐
Looped Coil	☐	☐
Distal Shoe	☐	☐
Lip Bumper	☐	☐
Bluegrass	☐	☐
Pedo Partial	☐	☐

ARCH DEVELOPMENT

	U	L
Hyrax Mini Screw	☐	☐
Hyrax RPE with facemask hooks	☐	
Hyrax RPE	☐	
Bonded RPE	☐	
Haas RPE	☐	
Pendulum	☐	
Pendex	☐	
Quad-Helix	☐	☐
Bi-Helix	☐	☐
Transpalatal Arch (TPA)	☐	☐
"W" Expansion Appliance	☐	☐
Schwartz	☐	☐
Sagittal	☐	☐
Twin Block	☐	☐
E-Arch	☐	☐
Mara	☐	
Herbst	☐	
Distal Jet	☐	

RETAINERS

Appliance Options	☐ Upper	☐ Lower	☐ Both
Bleaching Trays	☐ Soft		
Essix/Invisible	☐ **Straight***	☐ Scalloped	
Perio Trayse	☐ **Straight***	☐ Scalloped	

Acrylic Design Options
☐ Anterior Bite Plate
☐ Posterior Bite Plate
☐ Reverse Incline Bite Plate
☐ Horseshoe Palate
☐ Scalloped Anteriors
☐ Facial Acrylic on Labial Bow

Retainer Type
☐ **Hawley***
☐ Wraparound
☐ Wraparound without stabilizing wires
☐ Flipper + 1 Pontic

3x3 bonded retainer
☐ **Lingual bar 3x3 metal pads on cuspids***
☐ Clear Putty Matrix
☐ Other _____

Acrylic Color ☐ **Pink*** ☐ Clear ☐ #____

Labial Wire
☐ **3-3*** ☐ 2-2 ☐ 4-4 ☐ Flat labial bow

Clasps
☐ **Ball*** ☐ C ☐ Arrow ☐ Adams
☐ Soldered C ☐ Soldered Adams ☐ Occlusal Rest

Pontic
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

Shade _____

Auxiliaries
☐ Finger Springs
☐ Molar Retracting Spring
☐ Bloore Spring
☐ Spring Helixes
☐ Mushroom Spring
☐ Z Spring
☐ Stabilizing Wires

STUDY MODELS

Plaster
☐ **Finished***
☐ Plaster
☐ Unfinished
☐ Duplication

DIGITAL

☐ **Finished***
☐ Rough (no base or clean up)

NIGHTGUARDS

☐ **Upper*** ☐ Lower

☐ **FlexiGuard™ (hard-soft)***
☐ Soft
☐ Hard (clear acrylic)
☐ Astron thermoguard
☐ Sports guard
Level_____
Color_____
☐ dreamTAP® snore guard
☐ Deprogrammer mini
☐ Deprogrammer full
☐ No opposing

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: info@dobestdental.com

Dentist signature** _____
(REQUIRED BY LAW)

Dentist license no. _____
(REQUIRED BY LAW)

Standard design if an option is not selected