

# Orthodontic Rx

## REQUIRED INFORMATION

Doctor name \_\_\_\_\_  
Last First

Practice name / Site code \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Patient name \_\_\_\_\_  
Last First

Patient chart no. \_\_\_\_\_  M  F Age \_\_\_\_\_

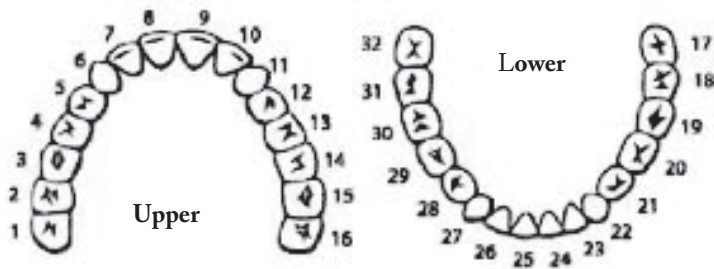
Rx date \_\_\_\_\_

Due date/Deliver case by 5pm on \_\_\_\_\_ (standard working time if no date given)

Case turnaround times are based on the date the prescription is received at the lab. Please allow at least 10 business days (M-F) from that date. Rush charges may apply for faster than standard turnaround times.

## DESIGN

### Notes



## CASE INSTRUCTIONS

### Removable Appliance

- Hawley
- Wraparound
- Spring Ret. 3-3
- Modified Spring Ret.
- Essix
- Reset teeth circle

### Clasps

- Ball
- C
- Sold C
- Adams
- Arrow

### Springs

- Finger
- S
- Helix
- Mushroom
- Distalizing

### Acrylic

- Std. pink
- Std. clear
- Neon\*
- Glitter\*
- Tropical\*

\* Additional charges may apply for upgraded acrylic colors and designs..

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

Other Removable \_\_\_\_\_

### Fixed Appliance

- Lingual Arch
- Transpalatal Arch
- Nance
- Quad-helix
- Fixed Ret. (3x3)
- R.P.E.
- Space Maintainer

### Bite Plate

- Ant  Post
- Pontics # \_\_\_\_\_

Functional Appliance \_\_\_\_\_

Other Fixed \_\_\_\_\_

(Supply any photos, impressions, study models and/or diagnostic casts with case.)

## RX SPECIFIC INSTRUCTIONS

(Additional fees may apply for any instructions outside of the standard formulary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dentist signature\*

Dentist license no.

Script has been reviewed for accuracy, legibility and completion. Impressions have been approved by the dentist.

To request supplies, email customer service.



700 South Main Street  
 Euless, Texas 76040  
 817.540.2309 office  
 License #01658

www.precisionortho.biz