Rx Online ORTHO

Rx Date _____ Due Date _____

Dr _____

Address _____ Phone _____

City _____ Province _____

Try-In ☐ Date Required _____ Time Wanted _____ a.m. [ ] p.m. [ ]

Finish ☐ Date Required _____ Time Wanted _____ a.m. [ ] p.m. [ ]

Sex M ☐ F ☐

Patient's Name _____ Given Name _____ Age _____

SPECIFICATIONS

ARCH EXPANDERS	UPPER	LOWER
ALF Appliance	☐	☐
Twin Block Appliance	☐	☐
Crozat Appliance	☐	☐
Saggittal	☐	☐
To Distalize Posterior	☐	☐
To Advance Anterior	☐	☐
3-Way	☐	☐
CL III	☐	☐
Schwartz	☐	☐

HAWLEY	UPPER	LOWER
Hawley Retainer with Adams Clasps	☐	☐
Wrap Around Retainer	☐	☐
Hawley Retainer with C-Clasps	☐	☐
San Antonio Retainer	☐	☐
Other _____		

SPRING RETAINERS	UPPER	LOWER
Anterior Spring Retainer	☐	☐
Spring Retainer with Wire Extensions	☐	☐
Hawley Spring Retainer	☐	☐

HABIT	UPPER	LOWER
Thumb Habit Appliance	☐	☐
Tongue Habit Appliance	☐	☐
Lower Fixed Sagittal		☐
Direct Bond Rapid Palatal Expander	☐	☐

TOOTH POSITIONER	UPPER	LOWER
Please Specify _____	☐	☐

MODELS	UPPER	LOWER
Duplicate Model	☐	☐
Study Model	☐	☐
Soap Ortho Model	☐	☐
Non-Soap Ortho Model	☐	☐

SPORT GUARDS	UPPER	LOWER
Athletic Mouth Guard	☐	☐
Pro-Form Mouth Guard	☐	☐
Hockey Mouth Guard	☐	☐
Boxing Mouth Guard	☐	☐

ANTI SNORING	UPPER	LOWER
Twin Block Appliance	☐	☐
Tongue Positioner	☐	☐
Easy Sleep		

ORTHOTICS	UPPER	LOWER
Diagnostic Appliences	☐	☐
Carlson Diagnostic Applience	☐	☐
Soft Pivot Applience		
Treatment Appliences	☐	☐
ALF Twin Block Applience	☐	☐
Thong Applience	☐	☐
King Thong Applience	☐	☐
King Thong Crystobal Process	☐	☐
Eclipse Orthotic	☐	☐
Thermoflex Orthotic	☐	☐
Overlay Orthotic Crystabol		

GUARDS: NIGHT/BLEACHING	UPPER	LOWER
Nigh Guard (Hard)	☐	☐
Im-Pak Semi-Soft Night Guard	☐	☐
Ivocap Night Guard	☐	☐
Elastomer Night Guard	☐	☐
Eclipse Night Guard	☐	☐
Dual Layer Night Guard	☐	☐
Bite Plane Opener	☐	☐
Bleaching / Flouride Guards	☐	☐

TEETH TO BE RESET

17 16 15 14 13 12 11	21 22 23 24 25 26 27
47 46 45 44 43 42 41	31 32 33 34 35 36 37

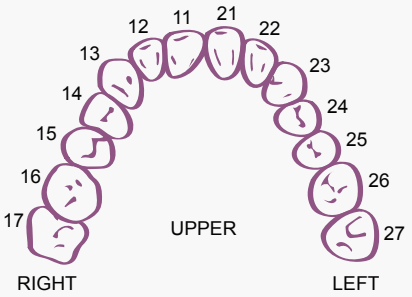
IMAGING BEFORE & AFTER

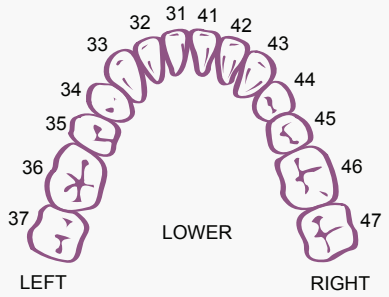
☐ PERFORM BEFORE & AFTER :
☐ MAKE IDEAL

PHOTOS ATTACHED:
☐ CLOSE UP
☐ FULL FACE

17 16 15 14 13 12 11	21 22 23 24 25 26 27
47 46 45 44 43 42 41	31 32 33 34 35 36 37

DESIGN CASE





TYPE OF ARTICULATOR DESIRED _____

ITEMS ENCLOSED	QTY
IMPRESSION / BITE	
RESTORATIONS(S)	
MODELS	
ARTICULATOR	
PHOTOS ATTACHED	

Dr's signature _____

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