

Orthodontic Appliance Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ M F DOB _____

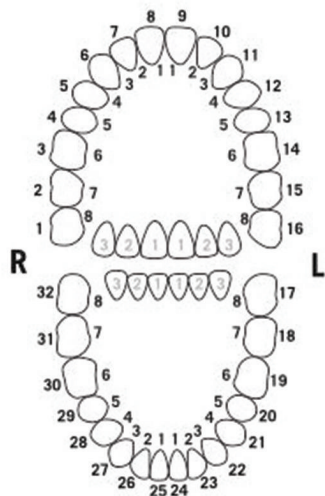
Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at DDL Lab. Please allow 10 business days (M-F) from that date. Allow 13 business days for complex cases.

SPRING ALIGNERS

- Modified Super Modified
- No reset Reset teeth

R $\frac{3}{3} \frac{2}{2} \frac{1}{1} \frac{1}{1} \frac{2}{2} \frac{3}{3}$ L



Remove

- Lingual Attachments
- Buccal Tubes

Provide

- Bands
- Buccal Tubes

FIXED APPLIANCES

- | | U | L |
|---------------------------|--------------------------|--------------------------|
| Fixed Anterior Bite Plate | <input type="checkbox"/> | <input type="checkbox"/> |
| Lingual Arch (Bilateral) | <input type="checkbox"/> | <input type="checkbox"/> |
| Nance | <input type="checkbox"/> | <input type="checkbox"/> |
| Habit Tongue Crib | <input type="checkbox"/> | <input type="checkbox"/> |
| Fence Tongue Guard | <input type="checkbox"/> | <input type="checkbox"/> |
| Band & Loop (Unilateral) | <input type="checkbox"/> | <input type="checkbox"/> |
| Active Loop | <input type="checkbox"/> | <input type="checkbox"/> |
| Sliding Loop | <input type="checkbox"/> | <input type="checkbox"/> |
| Looped Coil | <input type="checkbox"/> | <input type="checkbox"/> |
| Distal Shoe | <input type="checkbox"/> | <input type="checkbox"/> |
| Lip Bumper | <input type="checkbox"/> | <input type="checkbox"/> |
| Bluegrass | <input type="checkbox"/> | <input type="checkbox"/> |
| Pedo Partial | <input type="checkbox"/> | <input type="checkbox"/> |

ARCH DEVELOPMENT

- | | U | L |
|-------------------------------|--------------------------|--------------------------|
| Hyrax Mini Screw | <input type="checkbox"/> | <input type="checkbox"/> |
| Hyrax RPE with Facemask hooks | <input type="checkbox"/> | <input type="checkbox"/> |
| Hyrax RPE | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonded RPE | <input type="checkbox"/> | <input type="checkbox"/> |
| Haas RPE | <input type="checkbox"/> | <input type="checkbox"/> |
| Pendulum | <input type="checkbox"/> | <input type="checkbox"/> |
| Pendex | <input type="checkbox"/> | <input type="checkbox"/> |
| Quad-Helix | <input type="checkbox"/> | <input type="checkbox"/> |
| Bi-Helix | <input type="checkbox"/> | <input type="checkbox"/> |
| Transpalatal Arch (TPA) | <input type="checkbox"/> | <input type="checkbox"/> |
| "W" Expansion Appliance | <input type="checkbox"/> | <input type="checkbox"/> |
| Schwartz | <input type="checkbox"/> | <input type="checkbox"/> |
| Sagittal | <input type="checkbox"/> | <input type="checkbox"/> |
| Twin Block | <input type="checkbox"/> | <input type="checkbox"/> |
| E-Arch | <input type="checkbox"/> | <input type="checkbox"/> |
| Mara | <input type="checkbox"/> | <input type="checkbox"/> |
| Herbst | <input type="checkbox"/> | <input type="checkbox"/> |

RETAINERS

Appliance Options Upper Lower Both

Bleaching Trays Soft 1.5mm

Essix/Invisible Retainers

Full occlusal Scalloped Straight*

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* Flipper + 1 Pontic
- Wraparound 3x3 bonded retainer
- Wraparound without stabilizing wires QCM

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 Spring Helixes
- Z Spring Molar Retracting Spring
- Stabilizing Wires Bloore Spring
- Mushroom Spring

STUDY MODELS

- Finished
- Unfinished
- Duplication

NIGHTGUARDS

- Upper* Lower
- Hard Soft
- Flexiguard* Hard/Soft Astron/Thermo
- Deprogrammer Mini No Opposing
- Deprogrammer Full

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case

Email photos to: ddslabpix@ddslab.com

Dentist signature**
(REQUIRED)

Dentist license no.
(REQUIRED)

**Standard design if an option is not selected*



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**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by DDL Lab in the event the account is sent to collections or litigation. ©2024 DDL Lab. All rights reserved.