Orthodontic Appliance Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name ____________________ (Last) (First)

Practice Name ____________________

Address ____________________

Phone ____________________

Patient Name ____________________

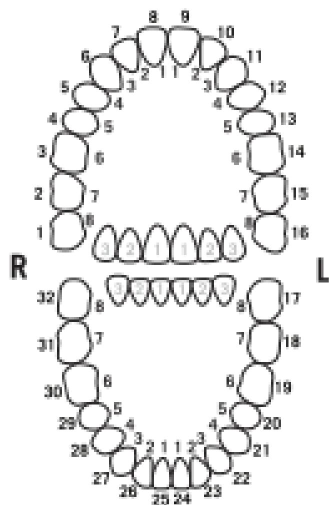
Patient Chart # __________ ☐ M ☐ F DOB __________

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 DDS 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



Remove
☐ Lingual Attachments
☐ Buccal Tubes

Provide
☐ Bands
☐ Buccal Tubes

FIXED APPLIANCES

	U	L
Fixed Anterior 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	☐	

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

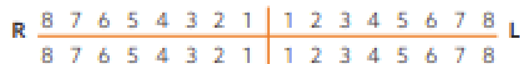
Retainer Type
☐ Hawley* ☐ Flipper + 1 Pontic
☐ Wraparound ☐ 3x3 bonded retainer
☐ Wraparound without stabilizing wires ☐ QCM

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



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

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Dentist signature** ____________________ (REQUIRED)

Dentist license no. ____________________ (REQUIRED)