



ORTHODONTIC Rx

REQUIRED INFORMATION

Date:

DOCTOR NAME

PRACTICE NAME

ADDRESS

PHONE

PATIENT NAME

Male

Female

DOB

PATIENT CHART #

RX DATE

DUE DATE / DELIVERY ON:

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

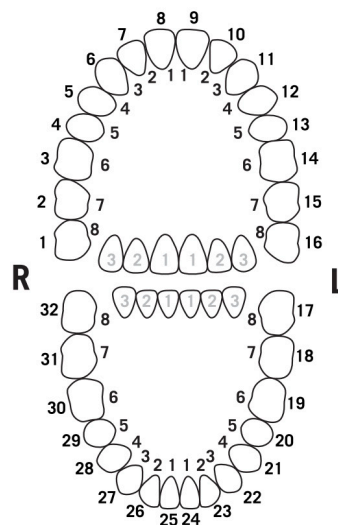
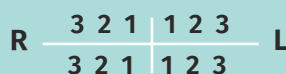
Modified Super Modified

Extension with

Clasp Wire

Reset No reset

Reset teeth



Remove

- Lingual Attachments
- Buccal Tubes

Provide

- Bands
- Buccal Tubes

**Standard design if an option is not selected*



CERAMICS DENTAL LAB

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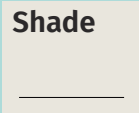
FIXED APPLIANCES

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

ARCH DEVELOPMENT

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

RETAINERS

- Appliance Options Upper Lower Both
- Bleaching Trays Soft 1.5mm
- Essix/Invisible Retainers
 Full occlusal Scalloped Straight
- Acrylic Design Options
 Anterior Bite Flipper + 1 Pontic
 Reverse Incline Bite 3x3 bonded retainer
 Scalloped Anteriors 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 
- | | | | |
|---|-------------------|---------------|---|
| 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 | |
- Auxiliaries
 Finger Springs Spring Helixes
 Z Spring Molar Retracting Spring
 Stabilizing Wires Bloore Spring

STUDY MODELS

- Finished
 Unfinished
 Duplication

NIGHTGUARDS

- Upper Lower
- Hard Soft
 Flexi Astron

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case. Email photos to: carloslab10@yahoo.com

**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 Ceramics Dental Lab in the event the account is sent to collections or litigation.

DENTIST SIGNATURE**

DENTIST LICENSE #

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