

Ortho Rx

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

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

APPLIANCE

Upper Lower

- | | |
|--|---|
| <input type="checkbox"/> Spring Appliance | <input type="checkbox"/> Acitivator w/ Face Bow |
| <input type="checkbox"/> Tongue Barrier | <input type="checkbox"/> Frankel II |
| <input type="checkbox"/> Twin Blocks | <input type="checkbox"/> Frankel III |
| <input type="checkbox"/> Roberts Appliance | <input type="checkbox"/> Shark Sleep Appliance |
| <input type="checkbox"/> Hyrax Rapid Palatal Expander | <input type="checkbox"/> Silent Night Sleep Appliance |
| <input type="checkbox"/> Quad Helix | <input type="checkbox"/> EMA Sleep Appliance |
| <input type="checkbox"/> Screw Appliance w/ Lingual Arch | <input type="checkbox"/> Study Models |
| <input type="checkbox"/> Anderson Appliance | |
| <input type="checkbox"/> Bionator Appliance | |

RETAINERS

Upper Lower

- _____
- Bleaching Tray
 - Essix
 - Hawley
 - Soldered Hawley
 - Spring Hawley
 - Standard Begg
 - Modified Begg
 - Nance
 - Lingual Arch Space
 - Maintainer
 - Space Maintainer
 - Lingual Retainer
 - Cast Space Maintainer

MOUTHGUARDS

Upper Lower

- Night Guard ___ Soft ___ Hard
- NTI
- FlexiGuard (hard-soft) thermoguard
- Sportguard
- _____ age
- _____ type of sport