SUNNYVALE DENTAL LAB

ORTHODONTIC PRISCRIPTION

REQUIRED INFORMATION

Doctor Name _____
First Last

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ ☐ M ☐ F DOB _____

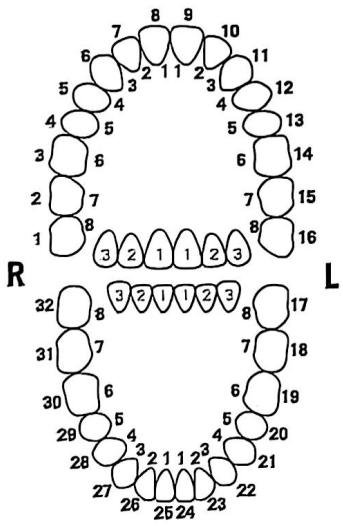
Rx Date _____ Due Date/Delivery on _____

Case turnaround times are based on the date the Rx is received at Sunnyvale Dental Lab. Please allow 7 business days (M-F) from that date. Allow 14 business days for complex cases.

SPRING ALIGNERS

☐ Modified ☐ Super Modified
☐ No reset ☐ Reset teeth

R 3 2 1 | 1 2 3 L
3 2 1 | 1 2 3



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**

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
☐ 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: **info@sunnyvaledentallab.com**

Additional Notes : _____

_____

_____

Dentist signature** _____
(REQUIRED)

SUNNYVALE DENTAL Lab & Milling Center
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(408) 252-5115 | www.sunnyvaledentallab.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 Sunnyvale Dental Lab in the event the account is sent to collections or litigation.