

Precision Ortho Lab Prescription Form

10 Percy Street
Chicopee, MA 01020
413-437-8133
www.PrecisionOrtho.org

Doctor: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Date Mailed: _____ Date Due: _____

Patient Name _____

Type of Appliance: _____

Master Prescription on file.

(Please check here if you want previous specifications to apply to this case.)

 RUSH (\$15.00 fee per case applies)

Removable and Acrylic Options

Acrylic Color(s): _____

Acrylic Characterization: _____

Retention: Adams Ball Arrow Other: _____

Archwire Type: Hawley Wraparound Flatbow

Auxiliaries: Spring Type & Diameter: _____

Expansion Screw Type(s): _____

Fixed Metal Appliance Options

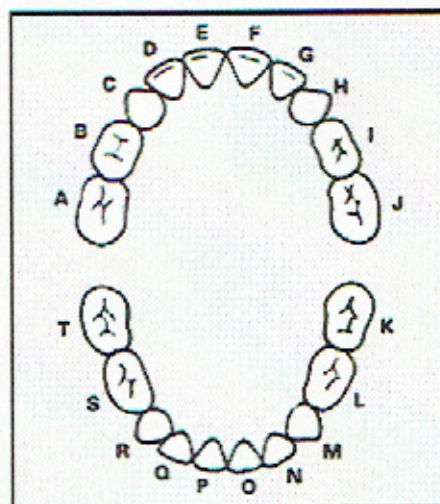
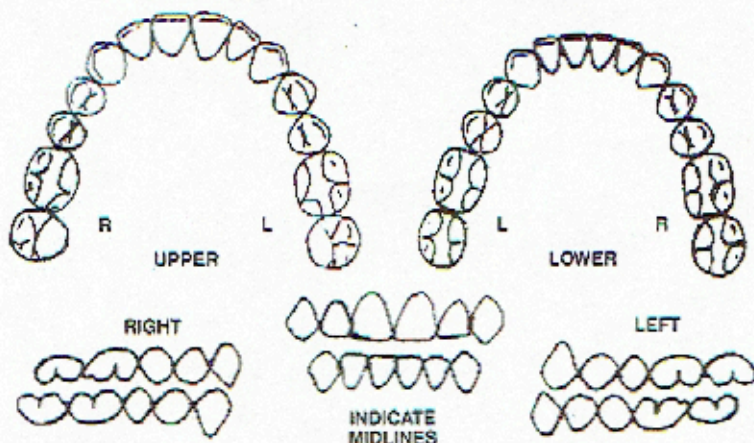
Wire diameter: _____ in.

RPE Expansion Length: 9mm 11mm 13mm

Other: _____

Design Case Here:

Note: Please circle teeth to be banded for fixed appliances.



Special Instructions: _____

Signature: _____ License #: _____

☐ Please Phone Regarding This Case

☐ Send More Prescription Forms

Lab Use Only

Date Rec.: _____

Acc. #: _____

Date Mailed: _____

Initials: _____

Please send WHITE and YELLOW copies with cases and keep PINK copy for your records.