

# PREScription FORM



**ORTHO**  
Organizers

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**Orthodontic**  
Laboratory

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

**PLEASE SEND:**

- Rx Forms
- Price List
- Shipping Supplies
- Shipping Boxes
  - Flat
  - Folded
- Ortho Organizers® Product Catalog

**PLEASE PRINT PATIENT'S NAME** First \_\_\_\_\_ Last \_\_\_\_\_  
**DATE WANTED** \_\_\_\_\_ **CALL ME** \_\_\_\_\_

R Please Design Appliance(s) L

**APPLIANCE(S) NEED**

U / L <input type="checkbox"/> COLOR? <input type="checkbox"/> CLASPS? <input type="checkbox"/> RESET TEETH? <input type="checkbox"/> ANTERIOR BITE PLANE?	U / L <input type="checkbox"/> SPRINGS? <input type="checkbox"/> DUPLICATE MODELS? <input type="checkbox"/> POSTERIOR BITE PLANES?
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U / L

- HAWLEY RETAINER \_\_\_\_\_
- QCM RETAINER \_\_\_\_\_
- CIRCUMFERENTIAL RETAINER \_\_\_\_\_
- INVISIBLE RETAINER \_\_\_\_\_
- SPRING RETAINER \_\_\_\_\_
- SCHWARZ \_\_\_\_\_
- SAGITTAL  2 screws  3 screws
- 3-WAY \_\_\_\_\_
- FAN GEAR \_\_\_\_\_
- JACKSON \_\_\_\_\_
- BIONATOR  to open  to close  maintain
- ORTHOPEDIC CORRECTOR  to open  to close
- TWIN BLOCK®  RICK-A-NATOR
- HERBST®  banded  bonded  SS crowns
- RPE  Hyrax  Haas  Bonded
- PENDULUM  PENDEX  SNODGRASS
- PORTER / W ARCH \_\_\_\_\_
- E ARCH \_\_\_\_\_
- NITANIUM® PALATAL EXPANDER™ \_\_\_\_\_
- DOCTOR DRIVEN SAGITTAL \_\_\_\_\_
- UNILATERAL SPACE MAINTAINER \_\_\_\_\_
- FOOT SPACER / DISTAL SHOE \_\_\_\_\_
- LINGUAL ARCH  6x6  5x5  4x4
- TRANS PALATAL ARCH \_\_\_\_\_
- HABIT APPLIANCE \_\_\_\_\_
- NANCE \_\_\_\_\_
- BLUEGRASS \_\_\_\_\_
- QUAD HELIX \_\_\_\_\_
- PRESENTATION MODELS (Glossed) \_\_\_\_\_
- CEPHALOMETRIC ANALYSIS \_\_\_\_\_
- TRIPLE PLAY ALIGNER \_\_\_\_\_
- CLEAR SPLINT \_\_\_\_\_

Write instructions here

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Please continue instructions on the back

Personal Signature of Dentist

Dentist's License No.

Today's Date