



# Ortho

Prescription

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Local: (812) 232-6026 • Fax: (812) 234-4464 • Internet: [www.johnsdental.com](http://www.johnsdental.com)

☐ JDL Ortho Replacement Program

☐ JDL Claim Case # \_\_\_\_\_

(Removable appliances only)



**PLEASE SEND**

☐ Shipping Labels

☐ Shipping Boxes

☐ General Lab Rx

☐ Ortho Rx

☐ Ceph Rx

## REMOVABLE ORTHO APPLIANCES

SAGITTAL		EXPANSION		Options:		FACIAL DEVELOPMENT	
Upper	Lower	Upper	Lower	<input type="checkbox"/> Bowbeer	<input type="checkbox"/> Truitt Style	Upper	Lower
1 Screw <input type="checkbox"/>	<input type="checkbox"/> 1 Screw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Screw <input type="checkbox"/>	<input type="checkbox"/> 2 Screw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Screw <input type="checkbox"/>	<input type="checkbox"/> 3 Screw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Screw <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bailey Distal Push Sagittal							

EVANS S-II (Class III)	LOWER JACKSON	TEETH
<input type="checkbox"/> 2 Screw <input type="checkbox"/> 3 Screw	<input type="checkbox"/> Standard <input type="checkbox"/> Truitt Style	Tooth # _____ Shade _____

HAWLEY	Brackets	TMJ Patient
<input type="checkbox"/> Dean Ultra Thin Retainer <sup>®</sup>	<input type="checkbox"/> Leave On <input type="checkbox"/> Remove	(Use Bite with No Changes)
UPPER LOWER CLEAR LABIAL BOW	<input type="checkbox"/> BIONATOR <input type="checkbox"/> CORRECTOR <input type="checkbox"/> BIOFINISHER	
<input type="checkbox"/> Standard <input type="checkbox"/> QCM Bow	<input type="checkbox"/> To Open Bite (I) <input type="checkbox"/> Stack	
<input type="checkbox"/> Wraparound <input type="checkbox"/> Wraparound <input type="checkbox"/> ClearBow™	<input type="checkbox"/> To Close Bite (II) <input type="checkbox"/> Mini	
	<input type="checkbox"/> To Maintain Bite (III)	

FULL ARCH TRUAX (Vacuform Retainer)
<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Anterior Essix

SPRING RETAINERS
Upper Lower <input type="checkbox"/> Galella Style (Cuspid Control)
<input type="checkbox"/> Palatal/Lingual Acrylic (Hawley Style)
<input type="checkbox"/> Anterior Clip <b>Reset Teeth #</b> _____

STAR (Vacuform Aligners)
<input type="checkbox"/> Upper <input type="checkbox"/> Lower
<b>Reset Teeth #</b> _____

TWIN BLOCK	OTHER APPLIANCES
Please check your preferred design.	<input type="checkbox"/> Elastodontics <input type="checkbox"/> Positioner
<input type="checkbox"/> Clark Twin Block (Classic design-our standard)	<input type="checkbox"/> Spahl Split Vertical
<input type="checkbox"/> McNamara Twin Block (Designed with lower labial acrylic)	<input type="checkbox"/> Frankel <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> Mahony Twin Block (Cuspid ramp for permanent dentition)	<input type="checkbox"/> S.S. Crozat <input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/> Broadbent Twin Block (Designed for improved speech)	
<input type="checkbox"/> Gerber Twin Block	

**DESIGNS** - Refer to [www.johnsdental.com](http://www.johnsdental.com) to view our acrylic designs. **COLORS** - Please write your colored acrylic preferences in SPECIAL INSTRUCTIONS. (Some lower arches and fixed appliances may not accommodate custom designs and may need to be simplified.)

CEPH TRACING	TMJ & SLEEP APNEA	PRO-FORM SOFT MOUTHGUARDS
<input type="checkbox"/> Gerety <input type="checkbox"/> Sassouni Plus	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	Upper Lower
<input type="checkbox"/> Gerber <input type="checkbox"/> Functional	<b>Material:</b> <input type="checkbox"/> Hard Acrylic <input type="checkbox"/> Thermo-Plastic (Clear Splint)	<input type="checkbox"/> Soft Nightguard
<input type="checkbox"/> Steiner <input type="checkbox"/> Mahony	<input type="checkbox"/> Hard/Soft <input type="checkbox"/> Biocryl	<input type="checkbox"/> Standard Mouthguard
<input type="checkbox"/> Rondeau <input type="checkbox"/> Contemp	<b>Flat Plane:</b> <input type="checkbox"/> Gelb (posterior coverage) <input type="checkbox"/> Hard Nightguard	<input type="checkbox"/> PowerBite Mouthguard
<input type="checkbox"/> Jackson Basic <input type="checkbox"/> Jackson Advanced	<input type="checkbox"/> Baker Deprogrammer <input type="checkbox"/> Sagittal <input type="checkbox"/> NTI	<input type="checkbox"/> Helmet Strap (Optional)
<input type="checkbox"/> Jefferson <input type="checkbox"/> USDI	<b>Pivotal:</b> <input type="checkbox"/> Standard <b>Special:</b> <input type="checkbox"/> Bailey Distal Push	Colors: _____
<input type="checkbox"/> Other _____	<b>Transitional:</b> <input type="checkbox"/> Myotronic <input type="checkbox"/> Neuromuscular	
	<b>Pull Forward:</b> <input type="checkbox"/> F.A.C.T. <input type="checkbox"/> Farrar (w/ Anterior Plane)	
	<input type="checkbox"/> Stack <input type="checkbox"/> Denar/Witzig (lower) <input type="checkbox"/> Sved <input type="checkbox"/> Bryan Ramp	<b>BLEACHING TRAYS</b>
	<b>Bite Restorer:</b> <input type="checkbox"/> Composite Occlusal <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Clear Occlusal	Upper Lower
	<b>Options:</b> <input type="checkbox"/> Cuspid Guidance <input type="checkbox"/> Acrylic Color <input type="checkbox"/> Standard Clear	<input type="checkbox"/> Hard/Clear <input type="checkbox"/> Soft/Clear
	<input type="checkbox"/> Olmos Series	
<b>RECORD MODELS</b>	<b>SLEEP APNEA</b> <input type="checkbox"/> EMA <input type="checkbox"/> EMA (1st Step) <input type="checkbox"/> HERBST <input type="checkbox"/> mRNA <input type="checkbox"/> OASYS	
<input type="checkbox"/> Digital <input type="checkbox"/> 3D Printed RM	<input type="checkbox"/> NAPA <input type="checkbox"/> SILENCER <input type="checkbox"/> SNOAR <input type="checkbox"/> TAP _____ <input type="checkbox"/> Luco	
<input type="checkbox"/> Soaped/Labeled		
<input type="checkbox"/> Unsoaped / Unlabeled		
Please include DOB _____ / _____ / _____		

### LAB USE:

Please do not count Fridays, Saturdays, Sundays, holidays or days in transit as production days.

☐ Change of Address ☐ 2nd Office

DATE SENT: / / DATE WANTED: / / TIME

DR. NAME: Last Name First Name

STREET ADDRESS:

CITY: STATE: ZIP:

DR. EMAIL: Last Name First Name

PATIENT NAME: PLEASE PRINT CLEARLY Last Name First Name

☐ Male ☐ Female AGE: DOB: ☐ I am a new customer

☐ Please contact me on this case ( )

## FIXED ORTHO APPLIANCES

ARCH DEVELOPMENT	A-P CORRECTION ORTHOPEDIC CORRECTION	BRACKETING
<input type="checkbox"/> CD Distalizer <input type="checkbox"/> U <input type="checkbox"/> L	<input type="checkbox"/> Fixed Twin Block	<input type="checkbox"/> Controlled Arch <input type="checkbox"/> U <input type="checkbox"/> L
<input type="checkbox"/> Unilateral <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Banded Herbst <input type="checkbox"/> Bonded Herbst	<input type="checkbox"/> Bands <input type="checkbox"/> U <input type="checkbox"/> L
<input type="checkbox"/> CD Advancer	<input type="checkbox"/> Inclined Bite Plane*	<input type="checkbox"/> Brackets only <input type="checkbox"/> U <input type="checkbox"/> L
<input type="checkbox"/> Expander* (circle one)	<input type="checkbox"/> MARA <input type="checkbox"/> with RPE screw	<input type="checkbox"/> Brackets in Matrix <input type="checkbox"/> U <input type="checkbox"/> L
Choose One	<input type="checkbox"/> Tandem (Class III)	<input type="checkbox"/> Flat Bite Plane
<input type="checkbox"/> Hyrax RPE (circle one)	<input type="checkbox"/> Reverse Facemask Appliance	
Choose One		<b>Indirect Bracket Type</b>
<input type="checkbox"/> Haas RPE (circle one)		Standard MBT (with no hooks)
Choose One		Choose One
<input type="checkbox"/> Controlled Arch <input type="checkbox"/> Upper <input type="checkbox"/> Lower		<b>With Hooks</b>
<input type="checkbox"/> Molar Distalizing Arch		<input type="checkbox"/> ROTH Mini Twin
<input type="checkbox"/> Multi Action Palatal/Porter*		<input type="checkbox"/> Delta Force
<input type="checkbox"/> NPE Nitantium Palatal Expander		<input type="checkbox"/> MBT Self Ligating (metal)
<input type="checkbox"/> Quad Action Mandibular*		
<input type="checkbox"/> Quad Helix*		

\*Indicate how banded appliances are to be attached:  
☐ Soldered ☐ Vertical Wilson 3D® ☐ Horizontal Mershon Tubes (Also indicate midline screw or special design changes where necessary.)

## SPECIAL INSTRUCTIONS

Please note any additional enclosures other than models and bite.

R ← Midline → L  
Please Draw in Screw(s) or Special Cuts

Please specify preferred lecturer design.

### MODELS SENT

☐ Digital Scans ☐ Stone/Impression

- Accounts are due and payable upon receipt of monthly statement. All amounts not paid by the 23rd day of the month following the statement date are subject to a service charge on the unpaid balance at the rate of 2% per month. (24% per annum)
- Accounts not paid within these credit terms will be subject to C.O.D. status.
- Client pays, in full, the stated price of the goods, plus any service charges, plus all costs of collection including attorneys' fees, court costs & other reasonable expenses.

DR'S SIGNATURE:  
REQUIRED BY LAW

LICENSE NO.

JOHNS DENTAL  
Over 80 Years  
LABORATORIES

All models and appliances should be returned for remakes, repairs or credit evaluations.  
DISCLAIMER - An incomplete Rx will delay the process of your case.

800-457-0504



[www.johnsdental.com](http://www.johnsdental.com)

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