Submit your case to motion@johnsdental.com

Johns Dental Lab Rx Form — Clear Aligner

Johns Dental Laboratories 423 South 13th St. Terre Haute, IN 47807 Phone: 812-232-6026 Fax: 812-234-4464 info@johnsdental.com



Customer Information Specify where attachments are excluded: PATIENT ☐ MALE ☐ FEMALE AGE DOCTOR NAME **ADDRESS** 24 PHONE **EMAIL** DR.'S LICENSE NUMBER **SIGNATURE** Specify which teeth cannot be moved (i.e. implant): **Treatment Specifications Allow IPR** Treatment (See below for details) ☐ Yes ☐ Upper Arch Only □No ☐ Lower Arch Only 26 25 24 23 22 ☐ Both Arches *Minor anterior movement only Midline (Mark only if needed) Maintain ☐ Yes ☐ No □ Upper ☐ Right Move ☐ Left "Cans" □ Lower ☐ Left ☐ Right 1. Anterior alignment 2. Minor Intrusion/ Extrusion **Anterior Posterior Relation** 3. Minor midline Maintain correction ☐ Right ☐ Left 4. Minor overjet correction Improve Canine Relationship Only 5. Minor anterior ☐ Right ☐ Left overbite correction (may require attachments) "Cannots" 1. Crossbite corrections (Posterior or Anterior) 2. Arch development 3. Posterior malocclusion

Overjet			
	Overjet	Overbite	
Maintain	П	П	
Improve			
Improve			
*Attachments n	nay be necessa	ý	
Tooth Size Dis ☐ IPR in Opp	crepancy posite Arch (Dua	al-arch only)	
Leave Space	es Open		
☐ Distal to Laterals			
☐ Distal to Canines			
Aligner Gauge		7	
□ .030 (stand	<i>dard)</i> □.040 □	J.060	
	Additional No	tes	
		-	
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Shipping and Delivery Options

All delivery days are listed in lab working days, starting from date of case acceptance (including acceptable impressions/models, bite registration, and complete prescription information). Working days do not include the date the case is received or shipped, time in transit, weekends or holidays.

STANDARD

5 days for Virtual Treatment Plan (VTP), then 5 days after approval of VTP.

Shipping address:

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Digital Scans

Digital scans are accepted and are preferable to VPS impressions. To submit a scan email SH files and signed prescriptions to motion@johnsdental.com. You can also connect with us using Itero (10168), CEREC/Sirona, TR105/3Shape, Carestream, 3M, and other commonly used scanners.

Thank you for your business!

FOR JOHNS DENTAL LAB USE ONLY		
DATE RECEIVED #: PAN #:		
OPEN INITIALS:		

Ordering

For the best possible custom-made product, please make sure to fill out the Rx form completely. If we make an error or if your order was inaccurate, we will make every attempt to remedy the error as quickly as possible. All orders may be subject to shipping and handling charges.

Abbreviated Terms and Conditions

APPLIANCE WARRANTY AND CONDITIONS:

Johns Dental Lab (JDL) is responsible for custom made trays and appliances in accordance with provided specifications from your doctor's prescription form. JDL does not warranty appliances from impressions, models, or digital scans that are older than 60 days for adults and 30 days for children from date of invoice. The warranty is subject to change without notice.

What is covered by a warranty?

At the end of the treatment plan, JDL requires that Finish Line clear vacuum form retainers be worn as prescribed after completion of treatment. The retainer should be worn full-time for 14 days and then nightly thereafter. Retainers will need to be replaced every 180 days for 5 years after completing active treatment. The Finish Line retainers will be fabricated during the final stage of active treatment. Failure to comply will void the warranty.

What is not covered?

- Non-compliance (patient chooses not to follow the prescribed treatment protocol, dislikes, or intolerant to prescribed appliance, etc.)
- Tray fracture (due to clenching, bruxing, grinding, etc.)
- Patient abuse (accident, neglect, appliance loss, improper hygiene, etc.)
- Changes in the dentition (loss or removal of teeth, restorations, failure of supportive tooth or tissue structures, etc.)
- Improper insertion or removal of appliance
- Adjustment of appliance
- Laboratory concerns expressed to doctor (regarding impressions, models, digital scans, bite registration, questionable indications, and authorization for appliance fabrication)
- Incidental or consequential damages or costs (due to patient canceling treatment, lost wages, chair time, pain and suffering)
- Changing or resetting bites for sleep apnea appliances
- Partial or complete fabrication by any laboratory other than JDL
- Cash refund or credit for a custom dental appliance
- Taxes, regulatory compliance fees, model pour-up or model printing fees
- Normal wear and tear
- Expedited production or shipping costs



