

## Johns Dental Lab Rx Form – Clear Aligner

Johns Dental Laboratories  
423 South 13th St.  
Terre Haute, IN 47807

**Submit your case to [motion@johnsdental.com](mailto:motion@johnsdental.com)**

Phone: 812-232-6026  
Fax: 812-234-4464  
info@johnsdental.com



## Customer Information

PATIENT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE
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DOCTOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DR.'S LICENSE NUMBER SIGNATURE

## Treatment Specifications

**Treatment** (See below for details)

**Allow IPR**

☐ Upper Arch Only☐ Yes☐ Lower Arch Only☐ No☐ Both Arches

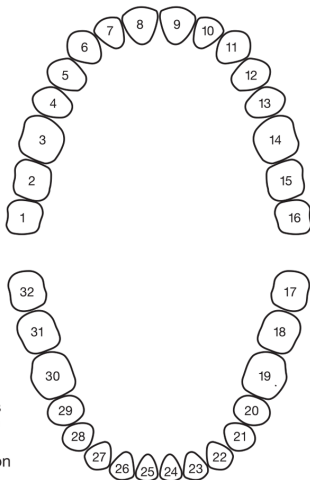
\*Minor anterior movement only

"Cans"

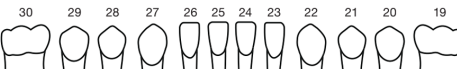
1. Anterior alignment
2. Minor Intrusion/  
Extrusion
3. Minor midline  
correction
4. Minor overjet  
correction
5. Minor anterior  
overbite correction  
(may require  
attachments)

## "Cannots"

1. Crossbite corrections (Posterior or Anterior)
2. Arch development
3. Posterior malocclusion



Specify where attachments are **excluded**:



Specify which teeth **cannot** be moved (*i.e.* implant):



**Midline** (*Mark only if needed*)

Maintain ☐ Yes

☐ No

Move      ☐ Upper    ☐ Left    ☐ Right

☐ Lower    ☐ Left    ☐ Right

### Anterior Posterior Relation

Maintain

☐ Right    ☐ Left

### Improve Canine Relationship Only

☐ Right    ☐ Left



## 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:

Johns Dental Laboratories  
423 South 13th St.  
Terre Haute, IN 47807

## 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](mailto: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: \_\_\_\_\_

## Abbreviated Terms and Conditions

### 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.

### 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



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