

Required Information

Doctor Name _____ License No. _____ Patient Name _____

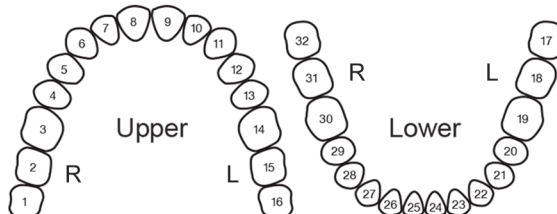
Doctor Signature _____ (Required) ☐ M ☐ F DOB _____

Address _____ Date Sent _____ Date Due _____ Pt Appt Time _____

City _____ State _____ ZIP _____

Phone _____

☐ I am a New Customer ☐ Please Contact Me on this Case



Removable Ortho Appliances

Alignment / Retention

Hawley

Upper Lower Clear Labial Bow
☐ ☐ 3 Day Hawley ☐ ClearBow™
☐ ☐ Standard ☐ Labial Acrylic
☐ ☐ Truax ☐ QCM Bow
☐ ☐ Wraparound
☐ Add Habit Component _____
☐ Dean Ultra Thin Retainer

Spring Retainers

Upper Lower
☐ ☐ Palatal/Lingual Acrylic (Hawley Style)
☐ ☐ Anterior Clip

Reset Teeth # _____

Other

☐ Bleaching Trays
☐ Elastodontics
☐ Positioner

Arch Development — Expansion

Upper Lower
☐ ☐ Bowbeer
☐ ☐ Fan ☐ Reverse Fan
☐ ☐ Nord (Unilateral) ☐ L ☐ R
☐ ☐ Schwarz (No Posterior Pads)
☐ ☐ Transverse (Posterior Pads)
☐ ☐ Truitt Style

DESIGNS: Refer to 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 designs and may need to be simplified.)

Special Instructions

A/P Correction

Sagittal

Upper Lower
☐ ☐ 1 Screw
☐ ☐ 2 Screw
☐ ☐ 3 Screw
☐ ☐ 4 Screw

Bite Correction

☐ Biofinisher ☐ Bionator
☐ Corrector
☐ To Open Bite ☐ Stack
☐ To Close Bite ☐ Mini
☐ To Maintain Bite

Twin Block

Other

☐ Spahl Split Vertical

Record Models

☐ 3D Printed RM
☐ Digital
☐ Soaped/Labeled
☐ Unsoaped/Unlabeled

Ceph Tracing, Clear Aligners, Sleep, and Splints

Please use separate Rx form

Fixed Ortho Appliances

Anchorage / Retention

☐ Band & Loop / Space Maintainer
☐ EZ Bond Retainer ☐ U ☐ L
☐ Indirect Lingual Bar ☐ U ☐ L
☐ Lingual Arch*
☐ Nance
☐ Palatal Arch*

A/P Correction

☐ Banded Herbst ☐ Bonded Herbst
☐ CD Distalizer ☐ Fixed Twin Block
☐ U ☐ L ☐ Inclined Bite Plane*
☐ Unilateral ☐ MARA
☐ L ☐ R ☐ Molar Distalizing Arch
☐ Reverse Facemask ☐ Tandem

Arch Development

☐ Banded Hyrax RPE ☐ Bonded Hyrax RPE
☐ FRLA ☐ Haas RPE
☐ U ☐ L
☐ Multi Action Palatal / Porter / W-Arch*
☐ NPE Titanium Palatal Expander
☐ Quad Helix*
☐ Wilson Quad Action Mandibular*

*Indicate how banded appliances are to be attached

Bands

☐ 3D Printed Bands ☐ Fitted Bands
☐ Dr Provided Bands
(Please send loose bands!)

Bracketing

☐ Brackets in Matrix
Indirect Bracketing Type
☐ Clear ☐ Elite Mini Twin
☐ MBT Self Ligitating ☐ Standard MBT (Metal)

Habit (Please Include Opposing Model and Indicate the Design Under "Special Instructions")

☐ Appliance _____
☐ Additional Component _____

• Accounts are due and payable upon receipt of monthly statement. All accounts not paid by the 23rd day of the month following the statement 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, and other reasonable expenses.