Please fill out and send this RX form to Aligners@EDPlabs.com

smile shapers

— Powered By —
edmonds
DENTAL PROSTHETICS

General Information

Doctor's Name: _____ Doctor's Email: _____

Patient's Name: _____ Gender: ☐ M ☐ F Date of Birth: _____

Present Clinical Condition

Patient's Chief Complaint: _____

_____

_____

Canine Class Relationship Right _____ Left _____

Molar Class Relationship Right _____ Left _____

Upper Midline: ☐ Centered ☐ Shifted Right _____ mm ☐ Shifted Left _____ mm

Lower Midline: ☐ Centered ☐ Shifted Right _____ mm ☐ Shifted Left _____ mm

Instructions (Default options are highlighted in pink)

☐ New Order/Case ☐ Refinement Case

If Refinement, original case # _____

Original length of treatment: _____

Treat Arches: ☐ Upper ☐ Lower

	Maintain	Improve	Idealize
☐ Upper Midline	☐	☐	☐
☐ Lower Midline	☐	☐	☐
☐ Overjet	☐	☐	☐
☐ Overbite	☐	☐	☐
☐ Canine Relationship	☐	☐	☐
☐ Molar Relationship	☐	☐	☐
☐ Posterior Crossbite	☐	☐	☐

	Yes	No	If Needed
☐ IPR	☐	☐	☐
☐ Engagers	☐	☐	☐
☐ Procline	☐	☐	☐
☐ Expand	☐	☐	☐
☐ Distalize	☐	☐	☐

Special Instructions:

_____

_____

_____

_____

_____

_____

Dr. Signature: _____

Date: _____ **License No.:** _____

Enclosed Records (Please email photos to aligners@edplabs.com with patient and Doctor names)

☐ Digital Scans ☐ PVS Impressions ☐ Bite Registration

X-rays and Photos

☐ Pano ☐ FMS ☐ Photos

Do not move these teeth:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	L
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Avoid engagers on these teeth:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	L
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

I will extract these teeth before treatment:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	L
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Leave these spaces open:

1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐ 11☐ 12☐ 13☐ 14☐ 15☐ 16

32☐31☐30☐29☐28☐27☐26☐25☐24☐23☐22☐21☐20☐19☐18☐17

Retainers (Smile Shapers recommends waiting for the treatment plan to be completed to fabricate the final retainers)

☐ Include 3 Pack Retainer & Extended Care Package