



DOBSON ORTHO LABORATORY, INC.
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 dobsonortho.com

Positioner Rx

LAB USE ONLY

SET UP INSTRUCTIONS <input type="checkbox"/> Reset All Teeth <input type="checkbox"/> Pre-Treatment Diagnostic Set Up <input type="checkbox"/> No Set Up (Positioner Only) <input type="checkbox"/> Reset Only Circled Teeth (below)	BRACKET CARVING INSTRUCTIONS <input type="checkbox"/> Carve Brackets and Bands <input type="checkbox"/> DO NOT CARVE BRACKETS AND BANDS <input type="checkbox"/> Retain Upper 1st Molar Bands <input type="checkbox"/> Allow for Upper Retainer* <small>*if not 3x3, note in Special Instructions</small> <input type="checkbox"/> Allow for Lower Retainer* <small>*if not 3x3, note in Special Instructions</small>																																						
<table style="margin: auto;"> <tr> <td>R</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td style="border-left: 1px solid black;"></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td>L</td> </tr> <tr> <td></td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td style="border-left: 1px solid black;"></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td></td> </tr> </table>	R	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	L		8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8		
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	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8																						

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ **DATE REQ'D** _____

*Case will ship to arrive before the APPOINTMENT DATE.
Please account for transit time to/from your office.

APPT DATE* _____

APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED

CONTACT ME REGARDING CASE VIA PHONE VIA EMAIL

SPACE CLOSURE

Close Completely

Close as Feasible

Leave Space

Distal to _____

Between _____

ANTERIOR OVERBITE

Ideal 1 – 2mm

Maintain

Set to _____ mm

ANTERIOR OVERJET

Ideal

Maintain

Set to _____ mm

ANTERIOR ROOT TORQUE

	Upper	Lower
<input type="checkbox"/> Maintain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lingual	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Labial	<input type="checkbox"/>	<input type="checkbox"/>

OCCUSAL PLANE

Maintain Flat

ARCH WIDTH

	Upper	Lower
<input type="checkbox"/> Maintain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Constrict	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Widen	<input type="checkbox"/>	<input type="checkbox"/>

MIDLINES

Set Midlines On

Partially Correct

MATERIAL OPTIONS

Clear Vinyl

Soft Medium

*Silicone is no longer available.

TRIMMING REQUIREMENTS

Height

Standard High Short

Thickness

Standard Thick Thin

OPTIONS AVAILABLE

Air Holes 3 5

Serrations

Ball Clasps

Location for Clasps

R	7	6	5	5	6	7	L
	7	6	5	5	6	7	

End Appliance Distal to

6	6	7	7	8	8
6	6	7	7	8	8

ARTICULATION

Average Bite Opening

Gnathological Set Up

Panadent - High

Panadent - Short

Denar

SAM SAM III

Panadent Magnet Systems

Magna-Split

Quick-Split

MOUTHGUARDS

Upper Arch Only

Upper and Lower

Pressure Formed (Single Arch)

Upper

Lower

Color _____

SPECIAL INSTRUCTIONS

DR. SIGNATURE: /s

LICENSE NUMBER: _____ **EXPIRES:** _____

SEND ADDITIONAL

RX FORMS (AVAILABLE ON WEBSITE)

PREPAID LABELS SHIPPING BOXES