

DENTAL PROSTHETIC SERVICES Orthodontic Rx



Doctor: _____
Phone: _____
Address: _____
City/State/ZIP: _____
Contact for case questions: _____
Contact email: _____
Special Delivery Instructions: _____

Patient: _____
Age: Youthful Middle-Age Mature
Gender: Female Male
 Intraoral scans sent. System: _____
 Email can be used for case questions? Yes No

Deliver by 5:00pm on _____

General Information

- Maxillary** **Mandibular**
- Full Arch Splints**
- Durasplint Durasplint Bright
 Hard acrylic Blue Green Pink
 Purple Orange
- Flat plane Anterior guidance
 Cuspid rise Centric contact

DPS Deprogrammer (canine to canine)

- Durasplint Hard acrylic
 Maximum protrusion _____ mm

Mouthguard (soft)

- Proform
 Athletic guard Strap
 Night guard

Space Maintainers

- Unilateral Lower lingual
 Nance holding arch
 Lingual holding wire

Miscellaneous

- Soap models
 Bleaching laminate
 Relief No relief

I would like a phone call regarding instructions

Comments:

Retainers

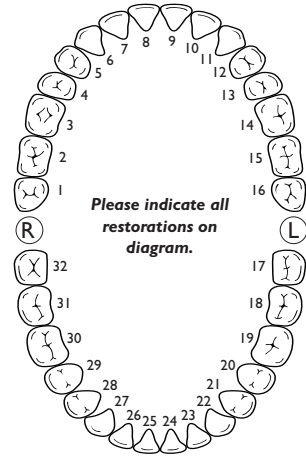
- Hawley retainer
 DPS Clear Align retainer

Select Clasp

- Ball Adams

Select Color

- | Standard Translucent | Glitter (clear acrylic with glitter) | Neon Colors |
|--|--------------------------------------|---|
| <input type="checkbox"/> Rosa (standard) | <input type="checkbox"/> Aqua | <input type="checkbox"/> Glow in the dark |
| <input type="checkbox"/> Black opaque | <input type="checkbox"/> Blue | <input type="checkbox"/> Green |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Green | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Blue opaque | <input type="checkbox"/> Multi | <input type="checkbox"/> Pink |
| <input type="checkbox"/> Caribbean blue | <input type="checkbox"/> Opalescent | <input type="checkbox"/> Purple |
| <input type="checkbox"/> Green | <input type="checkbox"/> Orange | <input type="checkbox"/> Teal |
| <input type="checkbox"/> Lime green | <input type="checkbox"/> Purple | <input type="checkbox"/> Yellow |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Red | |
| <input type="checkbox"/> Persimmon | <input type="checkbox"/> Silver | |
| <input type="checkbox"/> Purple | | |
| <input type="checkbox"/> Red | | |
| | Biocryl | |
| <input type="checkbox"/> Red opaque | <input type="checkbox"/> Camouflage | |
| <input type="checkbox"/> Teal | <input type="checkbox"/> Polka dot | |
| <input type="checkbox"/> White opaque | <input type="checkbox"/> Rainbow | |
| <input type="checkbox"/> Yellow | <input type="checkbox"/> Tiger | |
| <input type="checkbox"/> Yellow opaque | <input type="checkbox"/> Zebra | |



DENTAL PROSTHETIC SERVICES
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 www.DPSdental.com

Please send my office:

Rx Fixed Rx Sleep
 Rx Removable Rx Implants
 Rx Ortho Boxes
 UPS/Mailing Labels

Doctor Signature: _____
 (Please select shade, age, gender, and delivery date)