Please fill out and sent this RX form to Aligners@EDPLabs.com

Smile Shapers • www.EdmondsDentalProsthetics.com • 800-462-3569

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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 Left: Right:

Molar Class Relationship Left: Right:

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

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

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

- ☐ Digital Scans
- ☐ PVS Impressions
- ☐ Bite Registration

X-Rays:

- ☐ Pano ☐ FMS

Photos:

- ☐ Face Frontal Smiling
- ☐ Right Side Occlusion (close-up)
- ☐ Left Side Occlusion (close-up)
- ☐ Frontal in Occlusion (close-up)

Instructions (Default options are highlighted in pink)

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	☐	☐	☐

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 engages 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

Special Instructions:

Dr. Signature:

Date: **License NO.:**