# INDIRECT BONDING SERVICE / PRESCRIPTION

☐ PHONE ME CONCERNING THIS CASE
☐ SPECIAL INSTRUCTIONS ON FILE

PLEASE SEND:
☐ Rx SHEETS
☐ MAILING LABELS
☐ SHIPPING BOXES

CLASS ONE ORTHODONTIC LAB 2000 ®

DOCTOR _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

PATIENT'S NAME _____

DATE SENT _____ DATE NEEDED _____

☐ UPPER ARCH ☐ BONDED RETAINER

☐ LOWER ARCH

COMMENTS: _____

**BRACKETS:** ☐ .018 ☐ .022 Other_____

☐ AS PER MASTER PRESCRIPTION ON FILE

☐ CHANGE MASTER PRESCRIPTION (LIST CHANGES BELOW)

_____

_____

☐ NEW PRESCRIPTION (ATTACH PRESCRIPTION FORM)

**BUCCAL TUBES:**

☐ AS PER MASTER PRESCRIPTION ON FILE

☐ CHANGE MASTER PRESCRIPTION (LIST CHANGES BELOW)

_____

_____

☐ NEW PRESCRIPTION (ATTACH PRESCRIPTION FORM)

1. PLACE AN "X" ON ALL TEETH NOT TO BE BONDED
2. BRACKET POSITION:
   ☐ AS PER MASTER FILE
   ☐ AS INDICATED ON CHART
3. MARK ON MODELS ANY CHANGES TO BE MADE IN RESHAPING INCISAL OR OCCLUSAL EDGES.
4. TRAY TYPE:_____

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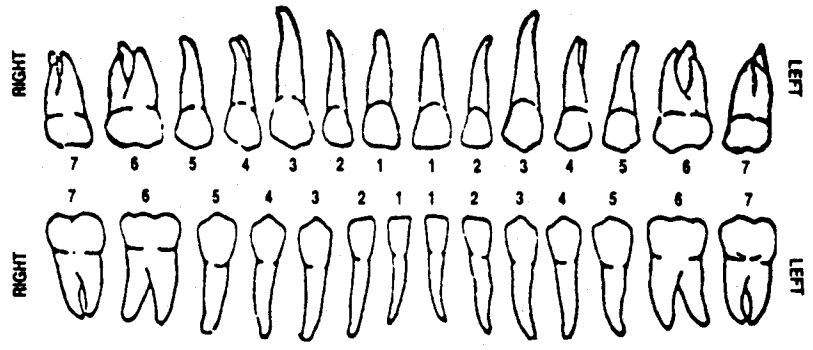
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEGREE ANGULATION | | | | | | | | | | | | | | |
| SLOT HEIGHT MM | | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SLOT HEIGHT MM | | | | | | | | | | | | | | |
| DEGREE ANGULATION | | | | | | | | | | | | | | |

BRACKETS OMITTED: _____ REASON: _____

_____ _____

Special Instructions _____

_____

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CLASS ONE ORTHODONTIC LAB 2000 ®

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