

LAB USE ONLY		

**Simpli5 and RWB Rx**

Dr. \_\_\_\_\_ Acct # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Patient \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail \_\_\_\_\_

Shipped \_\_\_\_\_ Placement Date \_\_\_\_\_

**(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)**

**Please Ship Extra**

Pre-Paid Bags     Shipping Boxes     Prescription Sheets

**Submitted scans digitally through:**

Lythos     iTero     3M     Box     Other \_\_\_\_\_

**(Submit digital Rx to: [digital.services@aolab.com](mailto:digital.services@aolab.com))**

**Special Instructions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1. Select Appliance**

Simpli5 / 5 Tray System  
 Upper     Lower     Both     Diagnostic Set-up (no appliances)

RWB / 3 Tray System  
 Upper     Lower     Both

**NOTE: Opposing arch recommended for single arch treatment cases to check occlusion.**

Opposing arch not included because there is no interference

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4</td></tr> <tr><td style="width: 50%; text-align: center;">4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4</td></tr> </table>	4 3 2 1	1 2 3 4	4 3 2 1	1 2 3 4	Lab Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4</td></tr> <tr><td style="width: 50%; text-align: center;">4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4</td></tr> </table>	4 3 2 1	1 2 3 4	4 3 2 1	1 2 3 4
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**Allesee Orthodontic Appliances - 13931 Spring Street - Sturtevant, WI 53177**  
**Phone 1-800-262-5221 - Fax 262-886-6879 - International 262-886-1050**

**2. Teeth to be reset**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">7 6 5 4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4 5 6 7</td></tr> <tr><td style="width: 50%; text-align: center;">7 6 5 4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4 5 6 7</td></tr> </table>	7 6 5 4 3 2 1	1 2 3 4 5 6 7	7 6 5 4 3 2 1	1 2 3 4 5 6 7	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">7 6 5 4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4 5 6 7</td></tr> <tr><td style="width: 50%; text-align: center;">7 6 5 4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4 5 6 7</td></tr> </table>	7 6 5 4 3 2 1	1 2 3 4 5 6 7	7 6 5 4 3 2 1	1 2 3 4 5 6 7
7 6 5 4 3 2 1	1 2 3 4 5 6 7								
7 6 5 4 3 2 1	1 2 3 4 5 6 7								
7 6 5 4 3 2 1	1 2 3 4 5 6 7								
7 6 5 4 3 2 1	1 2 3 4 5 6 7								

Reset Ideal - call if not feasible

Best overall result - (compromised correction)

\* AOA cautions against aggressive repositioning of cuspids, which may compromise overall results

**3. Space Closure**

Close space completely     Close space as feasible

Leave space (indicate teeth below)

Upper    Mesial \_\_\_\_\_    Distal \_\_\_\_\_

Lower    Mesial \_\_\_\_\_    Distal \_\_\_\_\_

**4. Attachments (Round shape)**

**Retention attachments w/bonding trays - Indicate location.**

**Cannot place on teeth being reset**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">7 6 5 4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4 5 6 7</td></tr> <tr><td style="width: 50%; text-align: center;">7 6 5 4 3 2 1</td><td style="width: 50%; text-align: center;">1 2 3 4 5 6 7</td></tr> </table>	7 6 5 4 3 2 1	1 2 3 4 5 6 7	7 6 5 4 3 2 1	1 2 3 4 5 6 7	<input type="checkbox"/> Add Dura Clasp
7 6 5 4 3 2 1	1 2 3 4 5 6 7				
7 6 5 4 3 2 1	1 2 3 4 5 6 7				

**5. Stripping**

Strip as necessary and record

Strip as indicated below    R     3     2     1     1     2     3     L

Contacts already stripped    R     3     2     1     1     2     3     L

Do not strip

(stripping standard is .3mm / contact)

**6. Position for future restoration**

Add Pontic    Shade \_\_\_\_\_    Leave space for implant \_\_\_\_\_ mm

Note details in Special Instructions below

**7. Blue 2 / Holding Appliance - no set-up**

Upper     Lower     Both

**Order Additional Marketing Material**

Complimentary office counter top display     Refill pamphlets for display

Doctor Signature \_\_\_\_\_



**Laboratory Use Only**

IMP \_\_\_\_\_ FV500 \_\_\_\_\_

MATRIX \_\_\_\_\_ FV501 \_\_\_\_\_

DIMP \_\_\_\_\_ FV502 \_\_\_\_\_

DIAG \_\_\_\_\_ FV503 \_\_\_\_\_ FV504 \_\_\_\_\_

SIMPLI5 \_\_\_\_\_ FV401 \_\_\_\_\_ FV402 \_\_\_\_\_

\_\_\_\_\_ FV400 \_\_\_\_\_

RWB \_\_\_\_\_ RWB401 \_\_\_\_\_ RWB402 \_\_\_\_\_

\_\_\_\_\_ RWB403 \_\_\_\_\_

RWII \_\_\_\_\_ RWB404 \_\_\_\_\_ RWB405 \_\_\_\_\_

B2 \_\_\_\_\_ FV505 \_\_\_\_\_

DL ADD \_\_\_\_\_ FV506 \_\_\_\_\_

BP \_\_\_\_\_ FV507 \_\_\_\_\_

REFINEMENTS:

SIMPLI5/RWB \_\_\_\_\_ FV508 \_\_\_\_\_

RWII \_\_\_\_\_ FV509 \_\_\_\_\_

POSTAGE \_\_\_\_\_