

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)

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
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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

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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 _____

