smile shapers

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R-Dent DENTAL LABORATORY

Rx Pre-Submission Form – Save $25 Today!

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 Right _____ Left _____

Molar Class Relationship Right _____ Left _____

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

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

Instructions (Default options are highlighted in pink)

Treat Arches: ☐ Upper ☐ Lower

Include Final Retainer: ☐ Upper ☐ Lower

☐ Include Retainer (3-Pack) & Extended Care Package

	Maintain	Improve	Idealize
☐ Upper Midline	☐	☐	☐
☐ Lower Midline	☐	☐	☐
☐ Overjet	☐	☐	☐
☐ Overbite	☐	☐	☐
☐ Canine Relationship	☐	☐	☐
☐ Molar Relationship	☐	☐	☐
☐ Posterior Crossbite	☐	☐	☐

	Yes	No	If Needed
☐ IPR	☐	☐	☐
☐ Engagers	☐	☐	☐
☐ Procline	☐	☐	☐
☐ Expand	☐	☐	☐
☐ Distalize	☐	☐	☐

Special Instructions:

_____

_____

_____

_____

_____

_____

Dr. Signature: _____

Date: _____ **License No.:** _____

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

☐ Digital Scans ☐ PVS Impressions ☐ Bite Registration

X-rays:

☐ Pano ☐ FMS

Photos:

☐ Face Frontal Smiling

☐ Right Side in Occlusion (close-up)

☐ Left Side in Occlusion (close-up)

☐ Frontal in Occlusion (close-up)

Do not move these teeth:

R ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 L

☐32 ☐31 ☐30 ☐29 ☐28 ☐27 ☐26 ☐25 ☐24 ☐23 ☐22 ☐21 ☐20 ☐19 ☐18 ☐17

Avoid engagers on these teeth:

R ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 L

☐32 ☐31 ☐30 ☐29 ☐28 ☐27 ☐26 ☐25 ☐24 ☐23 ☐22 ☐21 ☐20 ☐19 ☐18 ☐17

I will extract these teeth before treatment:

R ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 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