



**DOBSON ORTHO LABORATORY, INC.**  
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# Positioner Rx

LAB USE ONLY
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<p><b>SET UP INSTRUCTIONS</b></p> <p><input type="checkbox"/> Reset All Teeth</p> <p><input type="checkbox"/> Pre-Treatment Diagnostic Set Up</p> <p><input type="checkbox"/> No Set Up (Positioner Only)</p> <p><input type="checkbox"/> Reset Only Circled Teeth (below)</p>	<p><b>BRACKET CARVING INSTRUCTIONS</b></p> <p><input type="checkbox"/> Carve Brackets and Bands</p> <p><input type="checkbox"/> DO NOT CARVE BRACKETS AND BANDS</p> <p><input type="checkbox"/> Retain Upper 1st Molar Bands</p> <p><input type="checkbox"/> Allow for Upper Retainer* <small>*if not 3x3, note in Special Instructions</small></p> <p><input type="checkbox"/> Allow for Lower Retainer* <small>*if not 3x3, note in Special Instructions</small></p>																																						
<table style="margin: auto;"> <tr> <td>R</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>L</td> </tr> <tr> <td></td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td></td> </tr> </table>	R	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	L		8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8		
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	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8																						

DOCTOR \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

**DATE SHIPPED** \_\_\_\_\_ **DATE REQ'D** \_\_\_\_\_

\*Case will ship to arrive before the APPOINTMENT DATE. Please account for transit time to/from your office.

**APPT DATE\*** \_\_\_\_\_

APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED

CONTACT ME REGARDING CASE  VIA PHONE  VIA EMAIL

**SPACE CLOSURE**

Close Completely

Close as Feasible

Leave Space

Distal to \_\_\_\_\_

Between \_\_\_\_\_

**ANTERIOR OVERBITE**

Ideal 1 – 2mm

Maintain

Set to \_\_\_\_\_ mm

**ANTERIOR OVERJET**

Ideal

Maintain

Set to \_\_\_\_\_ mm

**ANTERIOR ROOT TORQUE**

	Upper	Lower
<input type="checkbox"/> Maintain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lingual	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Labial	<input type="checkbox"/>	<input type="checkbox"/>

**OCCUSAL PLANE**

Maintain  Flat

**ARCH WIDTH**

	Upper	Lower
<input type="checkbox"/> Maintain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Constrict	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Widen	<input type="checkbox"/>	<input type="checkbox"/>

**MIDLINES**

Set Midlines On

Partially Correct

**MATERIAL OPTIONS**

Clear Vinyl

Soft  Medium

\*Silicone is no longer available.

**TRIMMING REQUIREMENTS**

**Height**

Standard  High  Short

**Thickness**

Standard  Thick  Thin

**OPTIONS AVAILABLE**

Air Holes  3  5

Serrations

Ball Clasps

Location for Clasps

R	7	6	5		5	6	7	L
	7	6	5		5	6	7	

End Appliance Distal to

6	6	7	7	8	8
6	6	7	7	8	8

**ARTICULATION**

Average Bite Opening

Gnathological Set Up

Panadent - High

Panadent - Short

Denar

SAM  SAM III

Panadent Magnet Systems

Magna-Split

Quick-Split

**MOUTHGUARDS**

Upper Arch Only

Upper and Lower

Pressure Formed (Single Arch)

Upper

Lower

Color \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DR. SIGNATURE:**         /s        

**LICENSE NUMBER:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_