DynaFlex®

EZ-ALIGN® ALIGNER PRESCRIPTION

10403 International Plaza Drive
P.O. Box 99 • St. Ann, Missouri 63074
(800) 489-4020 • (314) 426-4020 • FAX (314) 429-7575
rx@dynaflex.com • www.dynaflex.com

IF NEW ACCOUNT:

DOCTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

ACCT. # | OFC # | License #

AAOF CORPORATE PARTNER

_____

_____

_____

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY LABEL
FIRST CLASS PERMIT NO. 8722, ST. LOUIS, MO
POSTAGE WILL BE PAID BY ADDRESSEE

DynaFlex®
P.O. Box 99
St. Ann, Missouri 63074-9910

RX FORMS ARE AVAILABLE AT www.dynaflex.com

PLEASE PROVIDE DATE WANTED TO AVOID DELAYS

PATIENT'S NAME	AGE	DATE SENT	DATE WANTED *7-10 Days In Lab After Treatment Review Approved*	☐ FIRST CASE ☐ SEND MORE RXS ☐ SEND BOXES

☐ **Unlimited** — **Unlimited Aligners** *With 6 Full Years of Unlimited* Aligners & Retainers.*
For more complex cases, this comprehensive system designed to facilitate alignment of the upper & lower arches.

☐ **Terrific 20** — **20 Aligners Per Arch.**
A comprehensive system designed to facilitate intermediate to complex tooth alignment of the upper & lower arches.

☐ **Perfect 10** — **10 Aligners Per Arch.**
A versatile upper and lower system designed to facilitate minor to intermediate tooth movement.

☐ **Fast 5** — **5 Aligners Per Arch.**
An upper and lower system designed to facilitate minor tooth movement.

ALL SYSTEMS REQUIRE UPPER & LOWER ARCHES

☐ **Plus** — EZ-X® ***Plus*** EZ-Align® System. The EZ-X® is a removable clear lateral development appliance utilizing a nickel titanium, spring loaded memory screw. EZ-X® reduces or eliminates the need for enamel reduction & attachments prior to aligner therapy.

Choose One Or Both Arches For EZ-X. ☐ Upper ☐ Lower | *Choose One System - Both Arches Required.* ☐ Unlimited ☐ Terrific 20 ☐ Perfect 10 ☐ Fast 5 | *No EZ-Align® System Needed* ☐ EZ-X® Appliance Only *EZ-X : Patent 7,500,851.*

☐ **Individual Trays** — For minor tooth movement of the upper & lower anterior teeth.
If not marked, we will presume both arches.

☐ Both Arches ☐ Upper Arch ☐ Lower Arch

Number of Trays ☐ Lab Discretion ☐ Doctor Discretion _____ *Specify Number Of Trays*

☐ **Refinement Tray** ☐ Upper _____ *Specify Number Of Trays* ☐ Lower _____ *Specify Number Of Trays*

☐ **Replacement Tray** ☐ Upper _____ *Specify Tray Number* ☐ Lower _____ *Specify Tray Number*

TREATMENT OPTIONS:

☐ **Restrictions For Tooth Movement** (implants, bridges, etc.)

☐ Move All Teeth ☐ Restrictions Noted On Chart

UR	☐ 8	☐ 7	☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	UL
LR	☐ 8	☐ 7	☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	LL

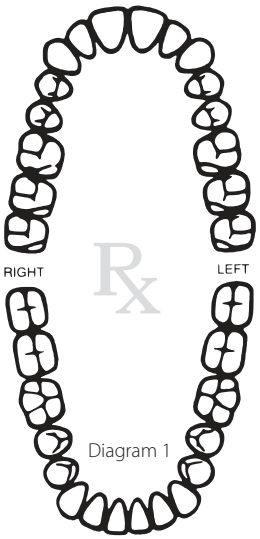
☐ **No Attachments**

☐ **Attachments** A tray for attachment placement purposes will be provided if attachments are required or requested.

☐ Allow Lab To Place As Needed ☐ Do Not Place On Teeth Noted On Chart

UR	☐ 8	☐ 7	☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	UL
LR	☐ 8	☐ 7	☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	LL

☐ **Pontics** ☐ **Shade** _____ ☐ **Tooth Number** _____



IPR OPTIONS

☐ **Enamel Reduction** *Note on Diagram 1*

☐ **Reduce Teeth as Needed in Lab** *IPR Card From Lab Noting Changes Included*

☐ **IPR Done Clinically Prior to Impressions**

☐ **No IPR Needed**

* Unlimited refers to a reasonable number of aligners and retainers at the purchase price of the Complete System within the 6 year period.

SEE PAGE 2 FOR MORE OPTIONS

By submitting this Rx to DynaFlex® you are agreeing to the terms and conditions found on ezalign.com

TREATMENT OPTIONS: Cont'd

PATIENT NAME: _____

☐ **Correct To Class I:** Minor movement only.
☐ Canine ☐ Right ☐ Left ☐ Molar ☐ Right ☐ Left

☐ **Overbite Correction**
- ☐ Maintain Existing Overbite
- ☐ Improve Overbite, Set To:
  - ☐ 1-2mm ☐ 2-3mm ☐ Increase ☐ Decrease
  - ☐ Extrude
    - ☐ Anterior ☐ Upper ☐ Lower
    - ☐ Posterior ☐ Upper ☐ Lower
  - ☐ Intrude
    - ☐ Anterior ☐ Upper ☐ Lower
    - ☐ Posterior ☐ Upper ☐ Lower

☐ **Midline Correction**
- ☐ Maintain Existing Midline (Possibly Requires Interproximal Reduction)
- ☐ Improve Midline With Interproximal Reduction
  - Upper ☐ To Patient's Right ☐ To Patient's Left
  - Lower ☐ To Patient's Right ☐ To Patient's Left

☐ **Overjet Correction**
- ☐ Maintain Existing Overjet
- ☐ Improve Overjet, Set To:
  - ☐ 0-1mm ☐ 1-2mm ☐ 2-3mm
  - ☐ Increase ☐ Decrease

☐ **Anterior Crown Torque**
- ☐ Upper
  - ☐ Increase ☐ Decrease
- ☐ Lower
  - ☐ Increase ☐ Decrease

☐ **Posterior Crown Torque**
- ☐ Upper
  - ☐ Increase ☐ Decrease
- ☐ Lower
  - ☐ Increase ☐ Decrease

☐ **Crowding**
- ☐ Upper
  - ☐ Maintain Existing Archform (Possibly Requires Interproximal Reduction)
  - ☐ Develop Inner Canine Width ☐ 0-1mm ☐ 1-2mm
  - ☐ Develop Inner Canine & Molar Width ☐ 0-1mm ☐ 1-2mm
  - ☐ Fit Upper to Lower
- ☐ Lower
  - ☐ Maintain Existing Archform (Possibly Requires Interproximal Reduction)
  - ☐ Upright Posterior Teeth
  - ☐ Fit Lower To Upper

☐ **Space**
- ☐ Close All Spaces
- ☐ Leave Spaces Between Teeth Noted On Chart

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
UR	○	○	○	○	○	○	○	○		○	○	○	○	○	○	○	○	UL
LR	○	○	○	○	○	○	○	○		○	○	○	○	○	○	○	○	LL

RETENTION OPTIONS:

☐ Upper ☐ Lower ☐ **Defend® Invisible Retainers** ☐ **EZ-Clear : Single Retainer**
- ☐ Defend2® : 2 Retainers Per Arch
- ☐ Defend3® : 3 Retainers Per Arch
- ☐ Defend4® : 4 Retainers Per Arch

SUBMISSION METHOD: ☐ Digital File Transfer ☐ Return Digital Models ☐ Stone Models Or Impressions Sent ☐ Return Original Models
**additional postage charge will apply*

☐ **CONTACT OFFICE**
- ☐ Phone _____
- ☐ Email _____

TREATMENT REVIEW: *Recommended with ANY system.*
Fabrication Time is 7-10 Days After Treatment Review Approved
- ☐ **YES** Email Address_____
- ☐ **NO** If no review is needed, fabrication will begin immediately.

COMMENTS

PHONE NUMBER	SIGNATURE	PRINT NAME

By submitting this Rx to DynaFlex® you are agreeing to the terms and conditions found on ezalign.com