



EZ-ALIGN® ALIGNER PRESCRIPTION

8050 Hawk Ridge Trail
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rx@dynaflex.com • www.dynaflex.com

IF NEW ACCOUNT:

DOCTOR _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____

ACCT. # _____ OFC # _____ License # _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY LABEL
FIRST-CLASS MAIL PERMIT NO. 8000 WENTZVILLE, MO
POSTAGE WILL BE PAID BY ADDRESSEE

P.O. Box 390
Wentzville, MO 63385-9811

RX FORMS ARE AVAILABLE AT WWW.DYNAFLEX.COM

PLEASE PROVIDE DATE WANTED TO AVOID DELAYS

PATIENT'S NAME	AGE	DATE SENT	DATE WANTED <small>7-10 Days In Lab After Treatment Review Approved</small>	<input type="checkbox"/> FIRST CASE <input type="checkbox"/> SEND MORE RXS <input type="checkbox"/> SEND BOXES
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- 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®. Choose One System - Both Arches Required. No EZ-Align® System Needed
 Upper **Lower** **Unlimited** **Terrific 20** **Perfect 10** **Fast 5** **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** **Lab Discretion** **Doctor Discretion** _____
Specify Number Of Trays

- Refinement Tray** **Upper** _____ **Lower** _____
Specify Number Of Trays Specify Number Of Trays **Replacement Tray** **Upper** _____ **Lower** _____
Specify Tray Number Specify Tray Number

TREATMENT OPTIONS:

- Restrictions For Tooth Movement** (implants, bridges, etc.)
 Move All Teeth **Restrictions Noted On Chart**

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

- No Attachments**
- Attachments** A tray for attachment placement purposes will be provided if attachments are required or requested.

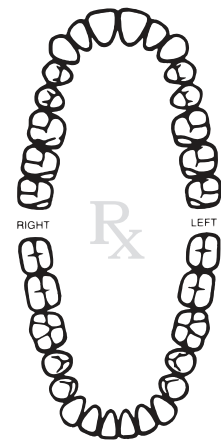
- Allow Lab To Place As Needed** **Do Not Place On Teeth Noted On Chart**

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

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

Ready for 30 Second Case Submission?

Start submitting your case using SmileShare™ Digital Rx Submission System. Accepts Digital and Traditional Models. www.dynaflex.com/smileshare-about



- ### 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**

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

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

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

Crowding

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Upper <ul style="list-style-type: none"> <input type="checkbox"/> Maintain Existing Archform (Possibly Requires Interproximal Reduction) <input type="checkbox"/> Develop Inner Canine Width <input type="checkbox"/> 0-1mm <input type="checkbox"/> 1-2mm <input type="checkbox"/> Develop Inner Canine & Molar Width <input type="checkbox"/> 0-1mm <input type="checkbox"/> 1-2mm <input type="checkbox"/> Fit Upper to Lower | <ul style="list-style-type: none"> <input type="checkbox"/> Lower <ul style="list-style-type: none"> <input type="checkbox"/> Maintain Existing Archform (Possibly Requires Interproximal Reduction) <input type="checkbox"/> Upright Posterior Teeth <input type="checkbox"/> Fit Lower To Upper |
|--|--|

Space

- Close All Spaces
- Leave Spaces Between Teeth Noted On Chart

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