



**Precision Ortho Lab Prescription Form**

David E. Merritt, RG  
182 Monson Road  
Wilbraham, MA 01095  
413-388-1706  
[www.precisionorthodonticlaboratory.com](http://www.precisionorthodonticlaboratory.com)

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Date Due: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Type of Appliance: \_\_\_\_\_

**Master Prescription on file.** (Please check here if you want previous specifications to apply to this case.)

**RUSH** (\$10.00 fee per case applies) Due Date: \_\_\_\_\_

**Fixed Metal Appliance Options**

Wire diameter: \_\_\_\_\_ in.  
RPE Expansion Length:  9mm  11mm  13mm  
Other: \_\_\_\_\_

**Removable and Acrylic Options**

Acrylic Color(s): \_\_\_\_\_

Acrylic Characterization: \_\_\_\_\_

Retention:  Adams  Ball  Arrow  Other: \_\_\_\_\_

Archwire Type:  Hawley  Wraparound  Flatbow

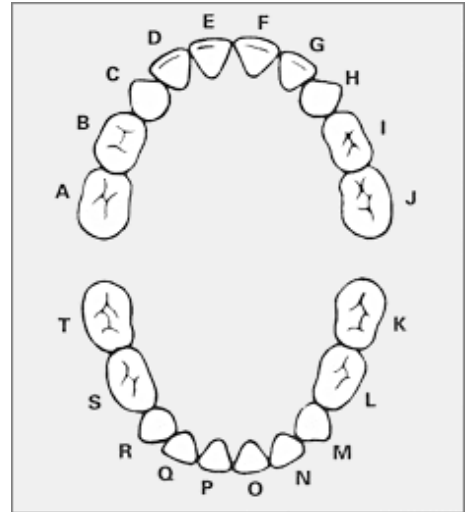
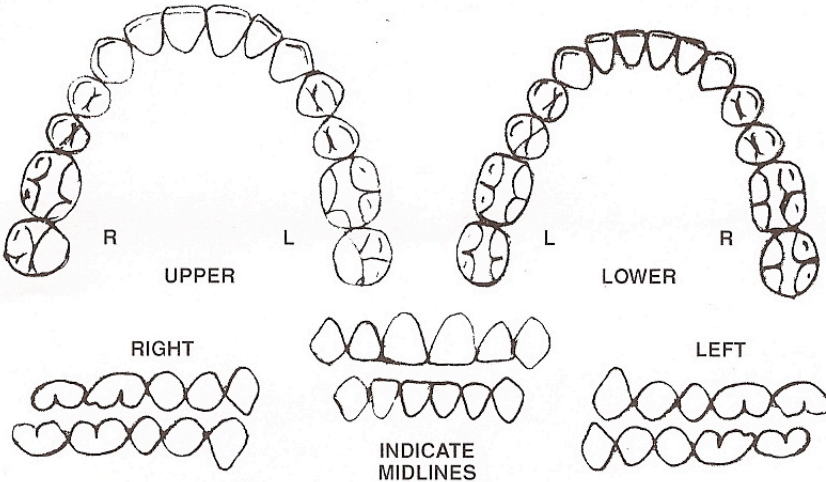
Auxiliaries: Spring Type & Diameter: \_\_\_\_\_

Expansion Screw Type(s): \_\_\_\_\_

Other: \_\_\_\_\_

**Please Design Case Here:**

Note: Please circle teeth to be banded for fixed appliances.



Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Please Phone Regarding This Case  Send More Prescription Forms

**Lab Use Only**

Date Rec.: \_\_\_\_\_

Acc. #: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Initials: \_\_\_\_\_