

1. DOCTOR LAST NAME: _____ **FIRST NAME:** _____
PRACTICE NAME: _____
STREET ADDRESS: _____
SUBURB: _____ **POST CODE:** _____ **STATE:** _____
COUNTRY: _____
Email: _____ **PHONE:** _____
PATIENT NAME: _____ **DATE OF BIRTH:** _____
BONDING APPOINTMENT DATE*: _____

Please indicate which intraoral scanner you use:

3Shape TRIOS®

iTero®

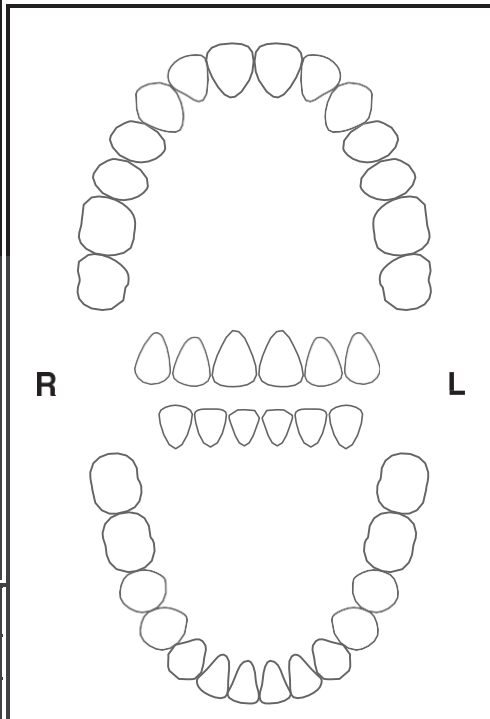
Carestream®

3M™ True Definition

* Please schedule bonding appointment no earlier than 25 business days after uploading prescription & records needed to start a fusion case. See fusion delivery times on the FAQ page for details.

if shipping address is not same as Billing Address, please fill out shipping information below:

Ship to: PRACTICE NAME: _____
STREET ADDRESS: _____
SUBURB: _____ **POST CODE:** _____ **STATE:** _____
COUNTRY: _____
PHONE: _____



2. CASE INFORMATION

Upper & Lower Lingual
 Upper Lingual & Lower Labial

Trays Full Arch
 Midline Split
 3 Sections

3. MIDLINE REFERENCE

Upper Facial
 Lower Other
 Maintain Midlines
 Shift Midline from Reference
 To Right To Left
 Midline Correction with IPR
 (Describe in Special Instructions)

4. MOLARS CLASS 1 CLASS 2

Right Side
 Left Side
 Maintain Molars

5. OCCLUSAL PLANE – LOWER

Maintain
 Flatten
 Curve of Spee

CUSPIDS CLASS 1 CLASS 2

Right Side
 Left Side
 Maintain Cuspids

7. OVERBITE

Ideal: 1 – 2mm
 Maintain
 Reduce to _____mm
 Increase to _____mm

PLEASE INDICATE ON DIAGRAM

NB - Not to be Bracketed
 X - Extracted or Missing
 B - Teeth to be Banded
 I - Implants / No Movement
 - Other _____

6. ARCHFORM UPPER LOWER

Maintain
 Expansion
 Constriction
 Preferred Archform _____

OVERJET

Ideal: 0,5mm
 Maintain
 Reduce to _____mm
 Increase to _____mm

8. SPACE MANAGEMENT

IPR (Indicate on Diagram or Special Instructions)
Leave Space (Indicate on Diagram)
 Other _____

9. SPECIAL INSTRUCTIONS

To order a case, please complete the fusion prescription form. Follow the numeric order of the sections to complete the prescription information (sections 2-9).



Section 1 - Contact & Billing Information

At the top of the form, fill in your billing address and the doctor's contact information. We require an email address to send you a 3D PDF of the treatment simulation for you to approve. If you want someone else copied on the email, please note the additional email address in the Special Instructions section.

Fill in the patient's name, date of birth (DOB) and the anticipated date of the bonding appointment (please review fusion delivery times on the FAQ page).

If it differs from the billing address, fill in the shipping information for the patient's fusion appliances.

Section 2 - Case Information

Please indicate the type of case required – Upper and Lower Lingual or Upper Lingual with Lower Labial. Our standard Transfer Trays are produced using our "2 Tray" system with a clear soft inner material and a hard outer shell. Trays are sectioned according to customer preference - full arch, midline split or 3 sections arch.

Section 3- Midline Reference

If you plan to treat to the upper or lower midline, indicate it as a reference; or, you may indicate the facial midline as your reference. If you choose the "Other" option, please explain further in the Special Instructions. Otherwise, select the "Maintain Midlines" option.

After indicating your reference, you may request a shift to the left or right.

If you are planning IPR to correct midlines, please mark the locations on the tooth diagram and describe in the special instructions.

Section 4 - Molars and Cuspid Class

Please indicate the treatment goals for molar and cuspid classifications. Unilateral cases that require inter-arch changes in the AP relationships (surgical or skeletal Class 2 treatment) should be noted in the Special Instructions section.

Please indicate the treatment goals for both sides.

Section 5 - Occlusal Plane - Lower

As a default, we will set the lower arch with a "flat" occlusal plane. Please indicate in this section if you prefer to maintain the occlusal plane, level or add Curve of Spee.

Section 6 - Archform

As a general rule, our technicians do not alter the natural archform significantly unless instructed on the prescription form to expand or constrict.

You also have the option to specify a commercial or industry-named archform.

Section 7 - Overbite & Overjet

Please provide instructions for Overbite and Overjet. Our ideal overbite target is 1.5mm. Our ideal overjet target is 0.5mm.

Section 8 - Space Management

Indicate any special handling of space management including IPR and leaving space; for example, around small laterals to be bonded. Mark the locations on the tooth diagram and list approximate amounts.

Section 9 - Special Instructions

Explain any special circumstances regarding the desired treatment outcome in this section. Also, any unique issues that present with this case should be noted and illustrated on the diagram.

Doctors may also reference patient records. For example, you might direct the technician to refer to intraoral photographs to follow your instructions for the vertical placement of the anterior teeth in relation to soft tissue management.