THE PRACTICE BUILDING BULLETIN
VOLUME IV
ISSUE X

THE APPLIANCE DESIGN WORKSHEET

"There is nothing worse than receiving an appliance back from the lab only to find out that it just won't do what you intended it to do. Unfortunately, this problem usually occurs because of a breakdown in communication between the laboratory and the doctor."

-Dr. Rob Veis

Could you design this appliance?

Learn how to inside this Practice Building Bulletin.

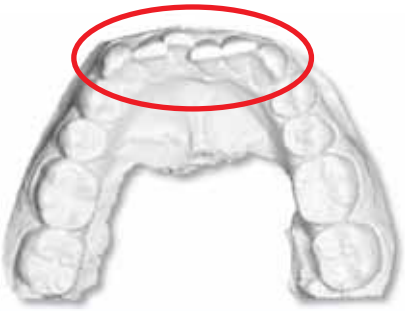
» PRACTICE POTENTIAL

In the past, "appliance therapy" only referred to the use of simple orthodontic appliances like a space maintainer or a Hawley retainer. Today, this term encompasses a wide variety of appliances which are used through every phase of a patient's treatment. Whether you are placing implants, performing periodontal surgery, or simply doing interceptive orthodontics, you will need to use appliances to help control and direct your patients' treatment.

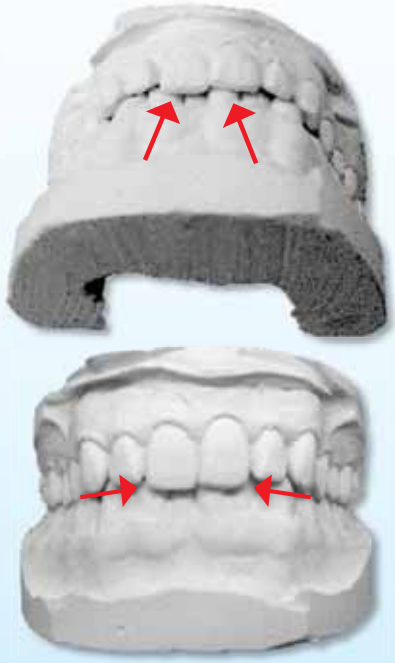
The Principles of Appliance Therapy for Adults and Children textbook was introduced to help you integrate the use of appliances into your practice. Although there are over 500 appliances illustrated, it is rare to find an appliance that is exactly what you need for a patient. In fact, the book's main purpose is just to give you ideas. It is up to you to design a specific appliance to fit your patient's needs.

Here are four typical prescriptions which lead to failure. Do any of them look familiar?

#1 "Fabricate a lower removable appliance to align the anteriors."



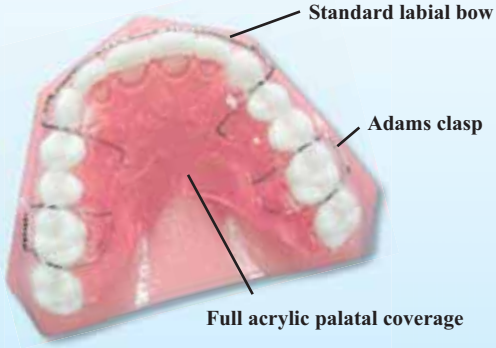
Many cases are sent to our lab with only a lower model that looks like this. The dentist has prescribed an appliance to correct the lower anterior crowding.



However, as you can see from these views, when it is coupled with the patient's upper model it becomes clear that the prescription should not just be for a lower appliance. To correct the lower anterior crowding space must first be regained by either moving the upper anteriors out labially, correcting the deep bite, or both, prior to attempting to correct the lower anterior crowding.

Lower anterior crowding can be the result of a wide variety of situations and is one of the most common orthodontic maladies that we see on a daily basis. Before sending working models to the lab carefully examine them. With the models occluded in maximum intercuspation, carefully assess the overbite and overjet. Are the lower anteriors in contact with the lingual of the upper incisors? Is the bite excessively deep? Is there adequate overjet and sufficient intercanine width to round out and align the incisors? The answer to these questions will help determine the approach that will prove most successful. Often, you will find it necessary to first open the vertical. When sufficient intercanine width is lacking you may find that anterior interproximal reductions will not be adequate to gain the room required. In these situations, pre-treatment with Functional Appliances, or full arch bracketing, may be required to successfully achieve your objectives.

#2 "Please make an upper Hawley retainer."



A simple Hawley retainer like the one seen above (Appliance #1161 from the Principles of Appliance Therapy textbook) was fabricated with full acrylic palatal coverage, Adams clasps on the first molars, and a standard labial

bow running from the distal of both cuspids. Unfortunately, the patient would not wear the appliance because her lower teeth kept making contact with the Adams clasps during function. To have avoided this type of problem, the doctor should have checked the patient's occlusion, sent an opposing cast and requested a design with no occlusal interferences (Appliance #1165 in the Principles of Appliance Therapy textbook).

Appliance #1165
The San Antonio Retainer
Note the lack of occlusal interferences.

#3 "Design and fabricate an upper bruxism splint."

Although over 80% of the splints made today are maxillary splints, this is not enough information to properly fabricate one that will work. **It is essential to always send thorough instructions describing the splint's occlusal scheme**. For example, a proper prescription may say the following: "An upper horseshoe splint (Appliance #6193 in the Principles of Appliance Therapy textbook) with point contact on all posterior teeth, slight cuspid rise and brush contact in the anteriors during protrusive." It is also critical to send a proper construction bite that represents the ideal vertical and AP position of the splint. For more information on how to take a proper construction bite see Step V in the Description section of this Practice Building Bulletin.

Appliance #6193
The upper horseshoe splint

#4 "I would like to correct the crowding in the upper anterior region. Please design an expansion appliance to make room for the blocked-out cuspids."

Three Screw Sagittal expansion appliance (#1106) made to tackle movement in the anterior, posterior, and lateral direction.

The term "expansion appliance" usually refers to a group of appliances that are used for arch development. Depending on the type of appliance, you can develop an arch in an anterior/posterior direction, a lateral direction, or limit its lateral development to the anterior or posterior region. **As you can see, it is essential to diagnose the cause of the crowding before selecting an appliance to treat it.** Then, and only then, will you be able to give the lab the specific instructions it needs to make you an appliance that will work.

A basic diagnosis should include an arch width and arch length analysis. These will help you correctly determine the amount of crowding. With this information you can better select the appropriate appliance design. If after completing a mixed dentition and Schwarz analysis the diagnosis is still unclear you may find it beneficial to utilize the expertise available through our Space Maintainers Diagnostic Service - the Second Opinion.

Appliance #1105
Class II Division 2 Sagittal Appliance showing anterior development.

Appliance #1251
Upper Sagittal showing distilization of molars.

» TREATMENT

Simply put, if you don't fill out your prescriptions carefully, you will get what you ask for but not what you really need. To solve this problem, I have developed the Appliance Design Worksheet (see sample attached) to help you better integrate Appliance Therapy into your practice.

Following these simple steps will help ensure your success with Appliance Therapy:

1. Read the textbook, the Principles of Appliance Therapy for Adults and Children. Doing so will give you an excellent overview of the hundreds of appliance designs that are available to treat your patients.
2. Read carefully the section called the "Anatomy of an Appliance." Every component that goes into designing an appliance is described in this chapter. This information will allow you to modify any appliance in this book to meet your needs.
3. Turn to the section in the textbook which best describes the problem you are trying to solve. The quick reference format makes this an easy task. Select an appliance by number but then be sure to modify this design to meet your specific needs.
4. Fill out the design worksheet completely. DO NOT skip any section. Although certain parts of the Worksheet may not seem applicable, reading each part will ensure nothing is left out of your design. This slip is meant to be a teaching tool as well as a design sheet. Every time you fill it out completely, you will become more proficient in the art of appliance design.

5. There is no such thing as giving the lab too much information. We have left plenty of room on the work sheet for you to write a narrative; please don't hesitate to use it.

» DESCRIPTION

On the following page is an example of our new Appliance Design Worksheet. We are confident that if you take the time to complete every step you will not only learn how to design appliances, but you will also receive an appliance that will do what you want it to do.

Step I. Doctor's Information

This first section contains the basic information we need to properly process your lab work. Although as an active account, this information is already in our computer, entering it here will allow the lab managers to contact you quickly if we have any questions. Please do not forget to give us your patient's name and age.

Step II. Special Services

Duplicate and return models- We do return working models. However, some doctors like to have their appliance sent back with their original cast untouched. If this is a service you prefer, please check off the box in this section.

Fabricate Study Models – Today's standard of care requires you to keep excellent records. When doing Appliance Therapy, keeping study models of your treatment is recommended.

Emergency Service – There are times when you need to have an appliance made and returned to you faster than can be accomplished by regular mail service. When this is the case, you can request special handling. A list of these options can be found in chapter twenty (Guide to Services) of the textbook.

Complete Consultation Service – If you need help completing your records, or you simply want another diagnostic opinion, our consultation service may be for you. For a complete description of this service, just give us a call and ask for the Second Opinion.

Step III. Diagnostic Information

This step is essential if you want to be successful. Filling in this information reminds you to take the time to do a complete diagnosis. It also gives our technicians the information they need to understand your treatment objectives and properly fabricate your appliance. Only so much can be ascertained from a set of study models alone. There is plenty of room on the back side of the work sheet for you to write a narrative, Please don't hesitate to use it.

Step IV. Appliance Design

A. *Type of Treatment* – After you have completed your diagnosis, the next step is to select the section in the Principles of Appliance Therapy that contains the type of appliance that matches the treatment that you want. Mark this section on the worksheet.

B. *Appliance type* – Make sure to indicate whether you are designing an appliance for the UPPER or LOWER arch. REMEMBER TO ALWAYS USE A SEPARATE WORKSHEET FOR EACH APPLIANCE.

Think about whether you want to use a REMOVABLE or a FIXED appliance. Some of the factors that will help you make a decision are found in chapter one (The Anatomy of an Appliance) of the textbook. Once you have made a decision, indicate your choice on the sheet.

Note- If you only give us a specific appliance number or name, the lab will make the appliance exactly as it is described in the textbook unless you take the time to modify the design by completing this worksheet.

C. *Expansion Screws* – As one of the active components of an appliance, these screws come in many sizes and designs. Please review pages 1.14-1.18 and chapter eight (Arch Development) in the textbook to help select the proper screw and placement. When using micro and mini screws don't forget to indicate the tooth number and position.

D. *Springs* – There are many types of springs which can be utilized to move your patients' teeth. Please review pages 1.11-1.13 in your textbook. There you will find help in making the proper selection. Then, list the tooth number you are trying to move next to the spring you have chosen. For mesial and distal kicker springs, make sure to indicate whether you want them coming from the labial bow or from the lingual aspect of the appliance.

Recurved springs

Lap springs

E. *Bonded Buttons or Hooks* – When using a bonded button or hook to move a tooth, it is essential to tell the lab the tooth number, the intended position of the bonded component, and the direction you want to move the tooth. Fixed/Removable appliances must be carefully designed so that the bonded components do not interfere with the seating of the removable appliance.

Bonded composite ledge to create retention

F. *Labial Arch Wires* – An arch wire can be used for appliance retention, to passively retain teeth, or to actively move teeth. Both design selection and placement affect its usage. Please review pages 1.5-1.8 in the book to help you select a design to meet your needs.

APPLIANCE THERAPY DESIGN WORKSHEET - The 7 Steps To Success

I.

Doctor's Name ROB VEIS D.D.S.

Address 9129 LURLINE AVENUE

City CHATSWORTH State CA Zip 91311

Office Phone Number (818) 998-7460

Patient FRANK LAGERS

SML Account Number 0012345

II. Special Services

- [x] Duplicate & Return Models
- [ ] Fabricate Consultation Study Models*
- [ ] Fabricate Board Quality Study Models*
- [ ] Emergency Services - Same Day Processing (extra charge)*

* For information see Guide to Services section of the textbook or call client services

Please refer to the textbook, "The Principles of Appliance Therapy" when completing this form

III. Diagnostic Information

Patient age 34 Birthdate 6-10-72

Dental Classification 1

Skeletal Classification [x] Class I [ ] Class II [ ] Class III

Treatment objective: Please write narrative on back side

IV. Appliance Design - Please use separate sheet for each appliance

A. Treatment Type: (please check type)

- [ ] Space Maintenance
- [ ] Habits
- [ ] Regain Lost Space
- [ ] Close Space
- [x] Individual tooth movement
- [x] Crossbite correction
- [ ] Arch development
- [ ] Functional orthopedics
- [ ] Orthodontics
- [ ] Finishing/Maintaining
- [ ] Mouthguard
- [ ] Splint
- [ ] Restorative Enhancement
- [ ] Interim partial/bridge
- [ ] Implant
- [ ] Periodontal
- [ ] Obstructive sleep apnea

B. Appliance Type [ ] Fixed or [x] Removable & [x] Upper or [ ] Lower

Number from textbook if applicable 1084 *

**Caution - if modifications are not listed the appliance will be fabricated exactly as described in the textbook*

C. Expansion Screws:

- [ ] Midpalatal screw for lateral development
- [ ] Swing lock for anterior/posterior lateral development
- [ ] Sagittal screw for AP development
- [ ] Unilateral ([ ] right [ ] left)
- [ ] Bilateral [ ] Three-way [ ] RPE (Haas) [ ] RPE (Hyrax)
- [ ] Micro screw [x] Mini screw Tooth # 3

See pgs 1.14-1.17 for expansion screw selection and section 8

D. Springs (list tooth # next to spring type)

Recurved #10 Lap ____ Direct Pressure ("T") ____

Mesial kick spring (labial or lingual)

Distal kick spring (labial or lingual)

See pgs 1.11-1.13 for best spring selection

E. Bonded Buttons or Hooks

Indicate tooth #/position/direction ____

F. Labial Archwires

- [x] Standard Hawley [ ] Quad Loop [ ] Apron
- [ ] Wrap Around [ ] Flat [ ] Sliding [ ] Contoured

Placement (see Textbook pg 1.5-1.8)

G. Clasps (list tooth # next to clasp type)

Adams #14 Ball #4, 5 #12,13 "C" Finger ____

Crozat ____ Delta ____ Sage ____

band and bar ____ half clasp ____ Truax claspless ____

See pgs 1.1-1.4 for best clasp selection and contraindications

H. Acrylic

- [x] Full Palate [ ] Horseshoe [ ] Open Palate [ ] Color ____
- [ ] Strengthening wire [ ] Kevlar [ ] Special Design
- [ ] Specific finish line (i.e. anterior relief) *see page 1.9-1.10*

I. Bite Planes (construction bite essential at desired vertical and AP relationship)

- [x] Lingual anterior bite plane
- [ ] Posterior coverage [ ] Complete coverage

Type of finish

- [x] Flat [ ] Intercuspated [ ] Point contact [ ] Cuspid rise
- [ ] Anterior incline [ ] Anterior brush [ ] Contact in protrusive
- [ ] Special design *(see special instructions) see page 1.20 for selection*

J. Habit control Devices - opposing model essential

- [ ] Loops [ ] Fence [ ] Rake [ ] Spinner [ ] Lip Shield
- [ ] Cheek Shield [ ] Anterior [ ] Lateral [ ] Posterior

Note: Indicate position and height on model (see pgs. 3.1-3.5)

K. Rest Seats

Indicate tooth # and position

L. Bands

Teeth to be banded ____

- [ ] Preformed band provided by doctor
- [ ] Provide custom band

see pg 1.21 for information on band selection

M. Lingual Archwires

- [ ] Ideal [ ] Contoured
- [ ] Removable - [ ] Vertical [ ] Horizontal
- [ ] Stops - location ____

see pgs 1.23-1.25

N. Teeth

Tooth Shade ____ [ ] Bioform [ ] Other ____

Tooth/Teeth to be replaced ____

Tooth Placement

- [ ] Socketed Adjust model in lab ____ mm.
- [ ] Flange/saddle [ ] Butted
- [ ] Please see written special instruction

O. Positioners: request Positioner Design Form

V. Construction Bite

- [ ] Maximum intercustpation bite
- [ ] Repositioned (with precise vertical and AP)
- [ ] Checked on models for accuracy
- [ ] Carefully and separately wrapped for shipping

VI. Models

- [x] Models checked for accuracy (bubble free, no distortion) and individually wrapped
- [x] Opposing model enclosed
- [x] Models trimmed to avoid extra shipping charges
- [ ] Teeth to be extracted are checked on cast

VII. THIS LAB SLIP HAS BEEN COMPLETED AND APPROVED BY DOCTOR

Doctor's Signature ____

License Number 033271

- [ ] See back for diagram and written instructions

G. *Clasps* – Being the main method of retention, the correct selection and proper placement of clasps is essential for the appliance to be successful.

Please look on pages 1.1-1.4 in the textbook to help you with clasp selection. Remember, it is important to place some form of retention as close as possible to the active part of your appliance. To fill out the design sheet, simply list the tooth number next to the clasp type.

Soldered "C" clasp

Adams clasp

H. *Acrylic* – Stability, strength, comfort, and the possible effect on speech are just a few of the factors that can affect the acrylic component of an appliance. Today, we even have the ability to have colors and designs added for better patient motivation. Pages 1.9-1.10 in your textbook will help you further modify your design. Please make sure to indicate on the model where you want the acrylic finish line.

I. *Bite Planes*- Jumping anterior and posterior crossbites, increasing appliance retention, and repositioning the mandible are just a few of the reasons to use a bite plane. Whatever the use, it is essential to always provide the lab with an accurate construction bite.

J. *Habit Control Devices* – Thumb sucking, tongue thrusting, cheek biting, and bruxism often occur in both adults and children. To select the best device to control these habits, please review chapter three (Habits) in the textbook. Regardless of the design, it is always essential to indicate the exact position and height of the habit device on the model. Please don't forget to include an opposing model.

K. *Rest Seats* – When you need a rest added to an appliance, you must indicate the tooth number and the position (i.e. mesial fossa, lingual groove) where you want the rest to be placed. Always take an opposing cast so you and the lab can make sure that there is enough clearance to place the rest.

L. *Bands* – Make sure to indicate which teeth are to be banded by entering the tooth number. When using your own bands, don't forget to indicate which band is for which tooth.

PLEASE DO NOT POUR UP YOUR MODEL WITH THE BANDS IN PLACE – just tape your bands to the lab slip.

M. *Lingual Arch Wires* – These wires, which are usually used to maintain space, can also have a number of active components attached to them. When this is the case, you will need to be able to remove the arch wire to make adjustments. When designing this wire please review pages 1.23-1.25.

N. *Teeth*- Are you designing an active tooth movement partial? Maybe you need a partial to handle an immediate extraction case. Because every type of partial has specific demands for tooth placement, it is up to you to tell us how you want us to place the teeth. DO NOT MAKE THE LAB GUESS. Use this worksheet to indicate shade, mold, tissue contouring, placement, and any other pertinent information.

O. *Positioners* – Designing a positioner for orthodontic finishing can be quite complex. To accommodate everyone's individual needs, Space Maintainers has a separate lab slip for designing a positioner. Just give us a call and we will be happy to supply you with them.

Step V. Construction Bite

Be sure to supply the laboratory with a construction bite that gives us the desired vertical and anterior/posterior relationship. For complete instructions visit: **www.smldent.com/manual/perfect_bites_construction_bite.pdf**

Step VI. Models (working casts)

Excellent stone casts are essential to making a proper diagnosis and to properly construct an appliance. If your casts are distorted in any way, you can be assured that your appliance will not fit. Please take the time to closely inspect your casts before you send them to the lab. Taking this small step will save you time and money. There is nothing more frustrating than having to re-appoint a patient to take new impressions. If your staff is having problems with their impression technique, you may find it useful to have them review the **Practice Building Bulletin on alginate impressions.** To view online visit: **www.smldent.com/manual/PBBV5N15.pdf**

Step VII. Doctor Approval

As a practicing dentist, I know how busy you can get during a typical day. However, delegating the responsibility of filling out this Worksheet to your assistant or depending on the lab to design your appliance by writing "PLEASE CALL" is a mistake. In most states, you are responsible for any prescription that you send to a lab. Although Space Maintainers' staff are experts in appliance design and will assist you in any way they can, ultimately, correct appliance design is your responsibility.

» CONTRA-INDICATIONS AND CONCERNS

• Common Problems

1. Prior to beginning any Appliance Therapy, always collect detailed records. These should include a complete medical and dental history, periodontal screening, complete dental charting, all necessary

x-rays (FMX, Panorex, Lateral Ceph, Tomograms), photographs, study models, and working casts.

2. Diagnose and treatment plan the case – Take the time to closely evaluate your records. Next, sequence out your treatment step by step.
3. Evaluate your ability to treat (case selection)- It is essential to understand your own limitations. Not everyone feels comfortable performing endodontic therapy on second molars. The same can be said about Appliance Therapy. If you are uncomfortable treating a problem don't hesitate to refer it to a specialist.
4. Every appliance in the textbook has been given an appliance number. It will always be tempting to simply write this number down and leave the rest of the worksheet blank. DO NOT DO THIS. It is very rare to be able to select an appliance out of the book without having to do some small modification in its design. At bare minimum you will need to indicate which teeth need to be clasped or banded. Therefore PLEASE FILL OUT THE WORKSHEET COMPLETELY.
5. Check your models very carefully for accuracy and completeness. Large air holes and stone bubbles are not acceptable. The models should articulate properly and not rock due to stone bubbles on the occlusal surfaces of the posterior teeth.
6. When sending a construction bite, check to see that the models fit into the bite completely and accurately prior to shipping. Do not ship the models in occlusion or with the construction bite between the teeth.
7. Often, when in maximum intercuspation, the lower incisors are too tightly coupled with the lingual of the upper incisors to allow needed tooth movement. Check to see that adequate overbite and overjet are present prior to designing an appliance to align lower anteriors.
8. Carefully consider the age and responsibility level of your younger patients. Are they responsible enough to properly care for a removable appliance? Will they be losing it constantly? Consider a fixed approach in these situations.
9. Always design active components first and retention second. This will help ensure retention is adequate and in the proper location. Note that the design sheet has been organized so the active components will be designed first.
10. It is best to always try to design an appliance with no occlusal interference. Sometimes the patient's free-way space will be enough to allow for comfortable appliance wear. However, occlusal interference from clasping may not always be avoidable. When clasp interference is a problem, a thin, balanced, occlusal bite plane may be required
11. Proper treatment sequencing usually entails: First, correct any crowding (lateral and anterior/posterior). Then correct the jaw relationship (anterior / posterior and vertical). Finally, align the teeth. A common problem is trying to accomplish too much with one appliance. More than one appliance is often needed to complete treatment.
12. Be sure that a tooth to be clasped or banded is erupted sufficiently for proper retention. If a tooth is not fully erupted you may consider creating retention by placing a buccal undercut with a composite ledge. A "C" clasp can then be used to engage the undercut.

» BECOMING AN EXPERT

The goal of all of our bulletins is to move you forward in your educational process towards becoming proficient in Appliance Therapy. Properly designing an appliance simply is not as easy as it looks. The key to success is practice, practice, practice. If you follow the steps outlined in this design worksheet I know that your rate of success will occur faster. However, if you need help you should know that there are many ways that we can help you. The diagnostic division at Space Maintainers, the Second Opinion, can help you whether you are a beginner or a sophisticated pro. You can access our services in many ways. Two examples of our services are:

- *Phone Consultations.* You can call our office and set up an appointment to talk with one of our skilled designers to go over your case and help design one of your cases. (fees do apply)
- *Full Diagnostic Orthodontic Workup.* You can send in all of your orthodontic records and have the case completely evaluated by our orthodontic diagnostic service and get a complete fully written report by our in house diagnostician, Dr. Rob Veis. (fees do apply)

These are just a few examples of how our diagnostic service can help you. If you would like more information we would be happy to help you, please call or log onto our website:

www.spacemaintainerslab.com

By Rob Veis D.D.S.
Director of Practice Development

Appliance Therapy Group Headquarters:

Space Maintainers Laboratory

Regional Labs:

SML Contact 800-423-3270

APPLIANCE THERAPY DESIGN WORKSHEET - The 7 Steps To Success

I. Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Office Phone Number ( ) _____

Patient _____

SML Account Number _____

II. Special Services

- ☐ Duplicate & Return Models
- ☐ Fabricate Consultation Study Models*
- ☐ Fabricate Board Quality Study Models*
- ☐ Emergency Services - Same Day Processing (extra charge)*

* For information see Guide to Services section of the textbook or call client services

Please refer to the textbook, "The Principles of Appliance Therapy" when completing this form

III. Diagnostic Information

Patient age _____ Birthdate _____

Dental Classification _____

Skeletal Classification ☐ Class I ☐ Class II ☐ Class III

Treatment objective: Please write narrative on back side

IV. Appliance Design - Please use separate sheet for each appliance

A. Treatment Type: (please check type)

- ☐ Space Maintenance
- ☐ Habits
- ☐ Regain Lost Space
- ☐ Close Space
- ☐ Individual tooth movement
- ☐ Crossbite correction
- ☐ Arch development
- ☐ Functional orthopedics
- ☐ Orthodontics
- ☐ Finishing/Maintaining
- ☐ Mouthguard
- ☐ Splint
- ☐ Restorative Enhancement
- ☐ Interim partial/bridge
- ☐ Implant
- ☐ Periodontal
- ☐ Obstructive sleep apnea

B. Appliance Type ☐ Fixed or ☐ Removable & ☐ Upper or ☐ Lower

Number from textbook if applicable _____*

**Caution - if modifications are not listed the appliance will be fabricated exactly as described in the textbook*

C. Expansion Screws:

- ☐ Midpalatal screw for lateral development
- ☐ Swing lock for anterior/posterior lateral development
- ☐ Sagittal screw for AP development
- ☐ Unilateral (☐ right ☐ left)
- ☐ Bilateral ☐ Three-way ☐ RPE (Haas) ☐ RPE (Hyrax)
- ☐ Micro screw ☐ Mini screw Tooth # _____

See pgs 1.14-1.17 for expansion screw selection and section 8

D. Springs (list tooth # next to spring type)

Recurved _____ Lap _____ Direct Pressure ("T") _____

Mesial kick spring (labial or lingual)

Distal kick spring (labial or lingual)

See pgs 1.11-1.13 for best spring selection

E. Bonded Buttons or Hooks

Indicate tooth #/position/direction _____

F. Labial Archwires

- ☐ Standard Hawley ☐ Quad Loop ☐ Apron
- ☐ Wrap Around ☐ Flat ☐ Sliding ☐ Contoured

Placement (see Textbook pg 1.5-1.8)

G. Clasps (list tooth # next to clasp type)

Adams _____ Ball _____ "C" Finger _____

Crozat _____ Delta _____ Sage _____

band and bar _____ half clasp _____ Truax claspless _____

See pgs 1.1-1.4 for best clasp selection and contraindications

H. Acrylic

- ☐ Full Palate ☐ Horseshoe ☐ Open Palate ☐ Color _____
- ☐ Strengthening wire ☐ Kevlar ☐ Special Design
- ☐ Specific finish line (i.e. anterior relief) *see page 1.9-1.10*

I. Bite Planes (construction bite essential at desired vertical and AP relationship)

- ☐ Lingual anterior bite plane
- ☐ Posterior coverage ☐ Complete coverage

Type of finish

- ☐ Flat ☐ Intercuspated ☐ Point contact ☐ Cuspid rise
- ☐ Anterior incline ☐ Anterior brush ☐ Contact in protrusive
- ☐ Special design *(see special instructions) see page 1.20 for selection*

J. Habit control Devices - opposing model essential

- ☐ Loops ☐ Fence ☐ Rake ☐ Spinner ☐ Lip Shield
- ☐ Cheek Shield ☐ Anterior ☐ Lateral ☐ Posterior

Note: Indicate position and height on model (see pgs. 3.1-3.5)

K. Rest Seats

Indicate tooth # and position

L. Bands

Teeth to be banded _____

- ☐ Preformed band provided by doctor
- ☐ Provide custom band

see pg 1.21 for information on band selection

M. Lingual Archwires

- ☐ Ideal ☐ Contoured
- ☐ Removable - ☐ Vertical ☐ Horizontal
- ☐ Stops - location _____

see pgs 1.23-1.25

N. Teeth

Tooth Shade _____ ☐ Bioform ☐ Other _____

Tooth/Teeth to be replaced _____

Tooth Placement

- ☐ Socketed Adjust model in lab _____ mm.
- ☐ Flange/saddle ☐ Butted
- ☐ Please see written special instruction

O. Positioners: request Positioner Design Form

V. Construction Bite

- ☐ Maximum intercustpation bite
- ☐ Repositioned (with precise vertical and AP)
- ☐ Checked on models for accuracy
- ☐ Carefully and separately wrapped for shipping

VI. Models

- ☐ Models checked for accuracy (bubble free, no distortion) and individually wrapped
- ☐ Opposing model enclosed
- ☐ Models trimmed to avoid extra shipping charges
- ☐ Teeth to be extracted are checked on cast

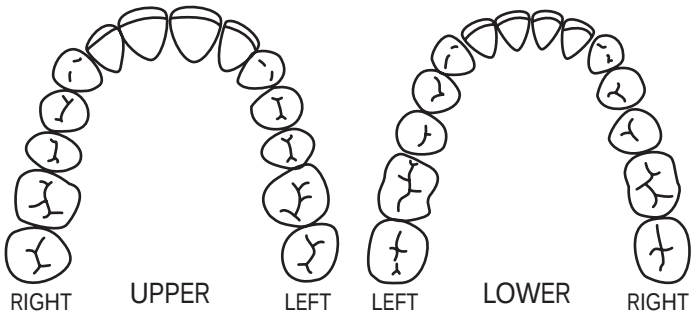
VII. THIS LAB SLIP HAS BEEN COMPLETED AND APPROVED BY DOCTOR

Doctor's Signature _____

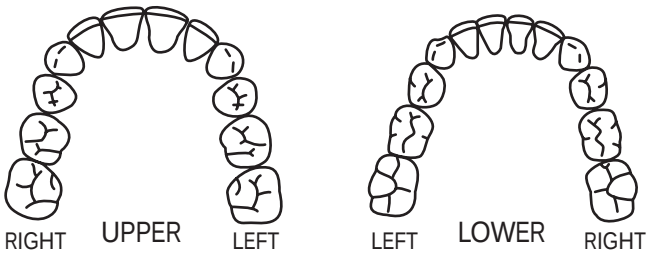
License Number _____

☐ See back for diagram and written instructions

ADULT



PEDO



SPECIAL INSTRUCTIONS