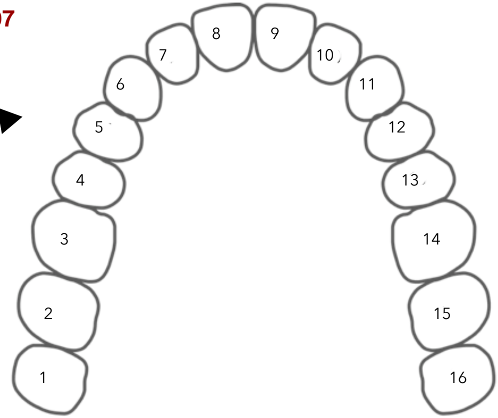
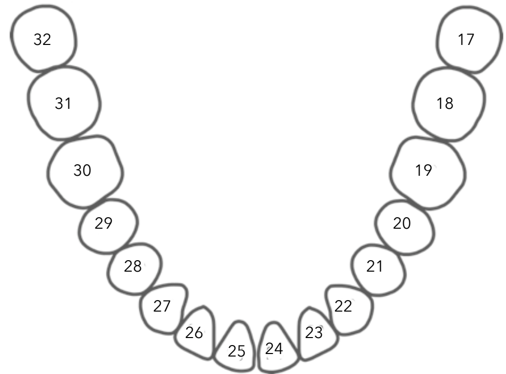
MASCOLA ESTHETICS
THE DENTAL LAB

1904 Grandstand Dr, San Antonio, TX 78238
Phone: 210-490-5533
Fax: 210-521-2997

RX for Clear Aligner Design

Specify where IPR is Excluded





TREATMENT SPECIFICATIONS

TREATMENT (see below for details)
- ☐ Upper Esthetic Treatment
- ☐ Lower Esthetic Treatment

ALLOW IPR
- ☐ Yes
- ☐ No

ALLOW INCISOR EXTRACTIONS
- ☐ Yes, tooth # _______
- ☐ No

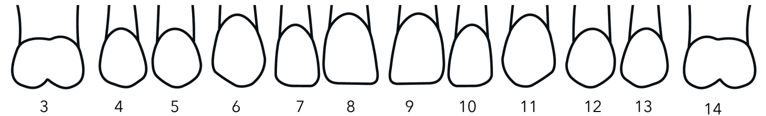
ANKYLOSIS / IMPLANT (tooth not moved)
- ☐ Yes, tooth # _______
- ☐ No

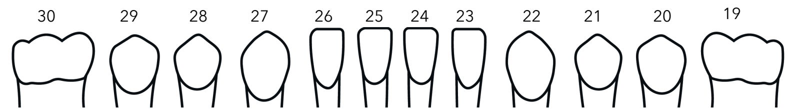
MIDLINE (mark only if needed)

Maintain:
- ☐ Yes, tooth # _______
- ☐ No

Move:
- ☐ Upper ☐ Left ☐ Right
- ☐ Lower ☐ Left ☐ Right

Mark Where Attachments are Excluded:





ANTERIOR POSTERIOR RELATION

Maintain: ☐ Right ☐ Left

Improve Canine Relationship Only: ☐ Right ☐ Left

CROWDING

Upper	As Needed	Primarily
Expansion	☐	☐
IPR	☐	☐

Lower	As Needed	Primarily
Expansion	☐	☐
IPR	☐	☐

OVERJET & OVERBITE

	Overjet	Overbite
Maintain	☐	☐
Improve	☐	☐

COMMENTS, FURTHER SPECIFICATIONS:

TOOTH SIZE DISCREPANCY

IPR In Opposite Arch ☐

Leave Spaces Open
- ☐ Distal to Laterals
- ☐ Distal to Canines

Doctor: ____________________ Patient: ____________________

License: ____________________ Due date mm/dd/yyyy: ____________

Signature: ________________________