Race Aligners RX Form

Doctor Information

First Name | Last Name

Shipping Address

Patient Details

First Name | Last Name

Chart Number

Sex ☐ Male ☐ Female

Case Details

Shade: *N/A*

Scanner: ☐ Traditional impression ☐ 3M ☐ 3Shape ☐ Carestream ☐ iTero ☐ Medit ☐ Other Digital

Submission Date

Requested Return Date

Arch: ☐ Upper ☐ Lower ☐ Upper & lower

Patient's Mobile
**required for dental monitoring*

Patient's Date of Birth
**required for dental monitoring*

Patient's Email
**required for dental monitoring*

Allow IPR: ☐ Yes ☐ No

Allow Attachment: ☐ Yes ☐ No

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Indicate Extractions
**if applicable*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Ankylosis/Implant
**tooth that cannot be moved - if applicable*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

AP Relation - Left ☐ Maintain ☐ Improve Canine Relationship

AP Relation - Right ☐ Maintain ☐ Improve Canine Relationship

Overjet ☐ Maintain ☐ Improve

Overbite ☐ Maintain ☐ Improve

Comment/Further Specification