

Prescription Form - Palmer

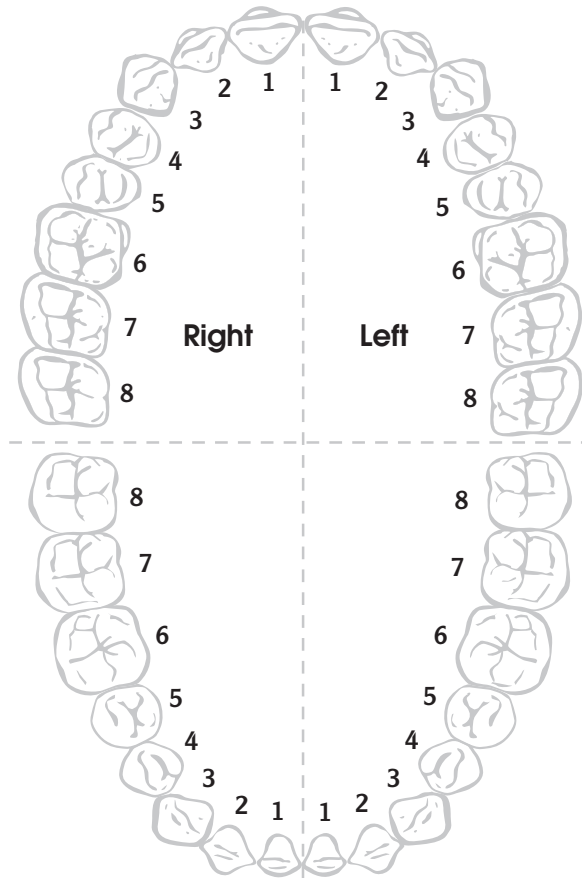
Patient Name _____

Date _____

Upper Right Tooth #	Movement (Type/mm)	Mesial IPR (mm)	Distal IPR (mm)
1			
2			
3			
4			
5			
6			
7			
8			

MID-LINE CORRECTION Upper Arch	Mesial Arch Movement (mm)	Distal Arch Movement (mm)
Upper Left Quadrant		
Upper Right Quadrant		

Upper Left Tooth #	Movement (Type/mm)	Mesial IPR (mm)	Distal IPR (mm)
1			
2			
3			
4			
5			
6			
7			
8			



Lower Right Tooth #	Movement (Type/mm)	Mesial IPR (mm)	Distal IPR (mm)
8			
7			
6			
5			
4			
3			
2			
1			

MID-LINE CORRECTION Lower Arch	Mesial Arch Movement (mm)	Distal Arch Movement (mm)
Lower Left Quadrant		
Lower Right Quadrant		

Lower Left Tooth #	Movement (Type/mm)	Mesial IPR (mm)	Distal IPR (mm)
8			
7			
6			
5			
4			
3			
2			
1			

Legend:

Type of Movement	Abbreviation	Direction of Movement	Abbreviation	Type of Movement	Abbreviation	Direction of Movement	Abbreviation	Type of Movement	Abbreviation	Direction of Movement
Tip, Bodily, or Torque	T, B, or TQ	Mesial	M	Rotate	R	Mesio-Lingual	ML	Intrusion	I	N/A
		Distal	D			Disto-Labial	DLB			
		Lingual	L			Mesio-Labial	MLB	Extrusion	E	N/A
		Labial	LB			Disto-Lingual	DL			