

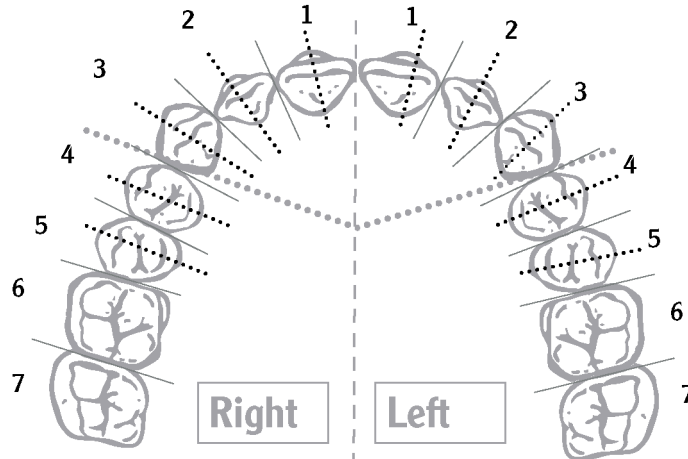
Minor Tooth Movement Prescription Sheet

Date _____ Appointment Date _____

Patient _____ Requested Insert Interval _____

Clinical Staff: _____

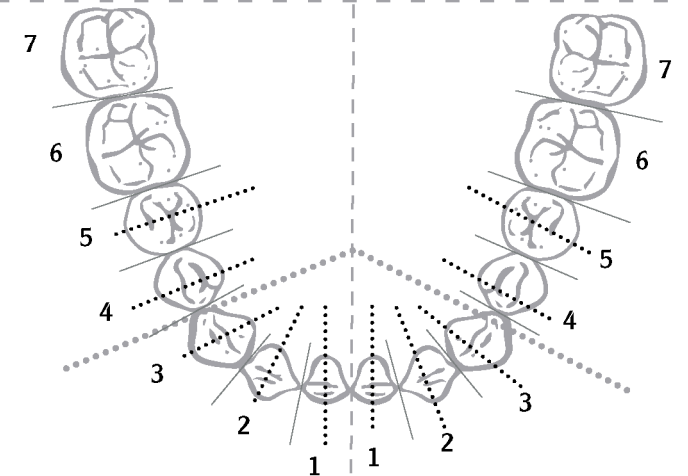
NOTES



Aligner
Bubble Expander
Bubble Contractor
_____ MM
Plastic: ACE [®] A+ [®] C+ [™]
Embrace [®] U-C-Me [®]
Thickness: .030" .035" .040"

No Change

NOTES



Aligner
Bubble Expander
Bubble Contractor
_____ MM
Plastic: ACE [®] A+ [®] C+ [™]
Embrace [®] U-C-Me [®]
Thickness: .030" .035" .040"

No Change

- ↓ Bump
- T-Tack-Active
- ⊖ T-Tack-Passive

Notes:

