

PRESCRIPTION FORM

Studio 8
DB Orthodontics
6 Ryefield Way
Silsden | West Yorkshire | BD20 0EF

T: 01535 656999

E: studio8@dbortho.com



CASE REFERENCE NUMBER:	
ACCOUNT NUMBER:	CASE CHECK LIST
D	☐ UPPER IMPRESSION
Dr	☐ LOWER IMPRESSION
Address:	OR □ DIGITAL MODEL SUBMITTED ONLINE
	☐ DIGITAL WODEL SUBMITTED ONLINE
	PLEASE TICK ALL REQUIRED
Tel: Fax:	☐ PALATAL DISTALISER
NHS Contact Details (If Applicable)	☐ UNI-LATERAL
	☐ BI-LATERAL
	☐ PALATAL MESIALISER
	☐ UNI-LATERAL
Patient's Name:	☐ BI-LATERAL
Date Shipped to Studio 8:	□ PALATAL TPA
Please draw the appliance below:	The cool is a cool in the cool is also be Malay Donale
	The appliances above include Molar Bands. (Tick as applicable below)
	☐ Pre-sized molar bands are included with
	Impression / model
	☐ Please provide molar bands sized by Studio 8
\sim \sim \sim	☐ STENT
\sim	□ BUCCAL
\mathcal{X}	☐ MID-PALATE
U_{2} , U_{3}	☐ PALATAL ALVEOLAR
R LA Chand	TAR BASER BUT
	 ☐ TAD BASED RME ☐ TICK IF YOU WOULD LIKE A 3D PRINTED APPLIANCE
Additional Information:	Please tick if you require the following Mini Implants: ☐ DB10-0009 1.5D, 6L, Standard Head Qty:
	☐ DB10-0010 1.5D, 9L, Standard Head Qty:
	☐ DB10-0012 1.5D, 9L, Standard Head Qty: ☐ DB10-0015 2.0D. 6L. Standard Head Qtv:
	☐ DB10-0015 2.0D, 6L, Standard Head Qty: ☐ DB10-0016 2.0D, 9L, Standard Head Qty:
	☐ DB10-0018 1.5D, 9L, Round Head* Qty:
	☐ DB10-0019 2.0D, 6L, Round Head* Qty:
	*Please note that products are in beta testing phase.
☐ Impressions have been disinfected.	
$\hfill \square$ I declare that the information on this form is correct to my knowledge.	Communication will be via email, please confirm email address:
Signed:	
Date:	Fit / Appointment date:
	1.17 Appointment date.





