

707-E West Main St.  
Jamestown, NC 27282

Maria Merritt  
(336) 887-5794

Doctor: _____	Patient: _____
Address: _____	DUE DATE: ____/____/____
_____	_____

## Indirect Bonding Rx

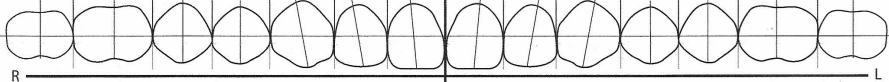
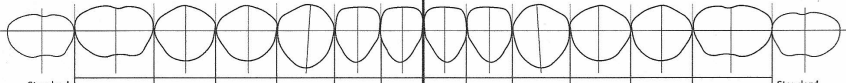
### BRACKET ENCLOSED

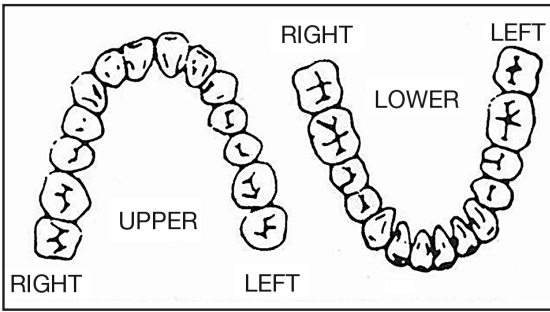
Upper:  Labial     Lingual  
Lower:  Labial     Lingual

### TRAY INFORMATION

Upper:  Full Arch     Midline Split     ThreePiece  
Lower:  Full Arch     Midline Split     ThreePiece

### BRACKET HEIGHT DESCRIPTION

	Custom Height													Custom Height
Standard Height	3.0 mm	4.0 mm	4.5 mm	5.0 mm	4.5 mm	5.0 mm	5.0 mm	4.5 mm	5.0 mm	4.5 mm	4.0 mm	3.0 mm	Standard Height	
														
	R <span style="float: right;">L</span>													
														
Standard Height	3.0 mm	3.5 mm	4.0 mm	4.5 mm	4.0 mm	4.0 mm	4.0 mm	4.0 mm	4.5 mm	4.0 mm	3.5 mm	3.0 mm	Standard Height	
Custom Height													Custom Height	



- PLEASE NOTE:**
- Mark with an "X" for teeth missing, to be extracted, or not to be bonded
  - Indicate with arrows over-corrections

### OTHER APPLIANCES, OR SPECIAL INSTRUCTIONS

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PERSONAL SIGNATURE: \_\_\_\_\_ D.M.D., D.D.S.

DENTIST LICENSE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send Additional:     Rx Forms     Mailing Labels     Shipping boxes