Orthotech
707 West Main Street Ste. E
Jamestown, NC, 27282
Phone: 888-517-5789
Email: info@orthotechlabs.com
Website: Orthotechlabs.com
Fax: 336-887-1773

Doctor/Practice: _____ Patient: _____

Address: _____ Date Sent: _____

_____ Due Date: _____

StraightMoves Aligners Rx

Treatment Plan:

Please specify which arch/s that you want aligners fabricated for:

☐Upper ☐Lower ☐Both

Threshold of Movement per Aligner: ☐0.20mm OR ☐Custom Threshold: _____ mm

Movement Restrictions:

- ☐ Do not move indicated teeth
- ☐ No Restrictions

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Auxiliary Preferences:

- ☐ Place Attachments on indicated teeth
- ☐ Do not place attachments on indicated teeth
- ☐ No Attachments

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Reset Preferences:

- ☐ Reset to ideal
- ☐ Reset where indicated
- ☐ Over correct where indicated

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

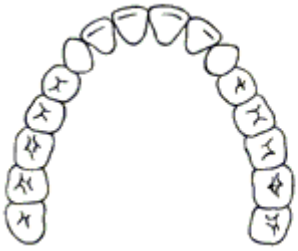
IPR Preferences:

- ☐ IPR as indicated
- ☐ No IPR

	4	3	2	1	1	2	3	4	
R	☐	☐	☐	☐	☐	☐	☐	☐	L
	4	3	2	1	1	2	3	4	

Special Instructions:

Use as needed:



Doctors Signature: _____ Date: _____

Doctors License No. _____

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Shipping Boxes.. ☐