

Speed Aligner RX

Orthotech Orthodontic Laboratory

344 W. 920 N. #2

Orem, Utah 84057

www.orthotech.net 801-224-4141

Doctors Name _____ Phone Number _____

City _____ State _____ Zip _____

Patients Name _____

Actual Date Mailed _____ Date Needed _____

Upper Speed Aligner

Lower Speed Aligner

Indicate the teeth you would like the Speed Aligner springs to be set on by circling the numbers below:

Upper 6 7 8 9 10 11

Lower 22 23 24 25 26 27

Acrylic Color _____ Decal (Write Chart Number) _____

Acrylic Inlay Design (Write chart description) _____

Glitter Sparkles

Silver Gold Blue Red Mixed

Flourescent Glow In The Dark

Orange Red Pink Natural Glow

Other Options:

Mid Line Expansion Screw For Lateral Expansion

Posterior Occlusal Coverage

Anterior Bite Plate

Other Instructions:
