

DR. NAME _____ ACCT. # _____
 ADDRESS _____
 LICENSE # _____ PHONE # _____ FAX# _____

 (Patient's Last Name)

 (Patient's First Name)
 DATE SENT _____
 DATE WANTED _____
 (2 days prior to insertion)

Indirect Bonding Prescription

Please be very specific with your instructions. There are many varieties and combinations of 3M Unitek™ brackets and attachments. Call to discuss your bracket preference or simply check the box below and we will call before processing your case. Final online review and approval of bracket placement is required for NorthStar's full guarantee.

ARCH TO BE BRACKETED

Upper Lower

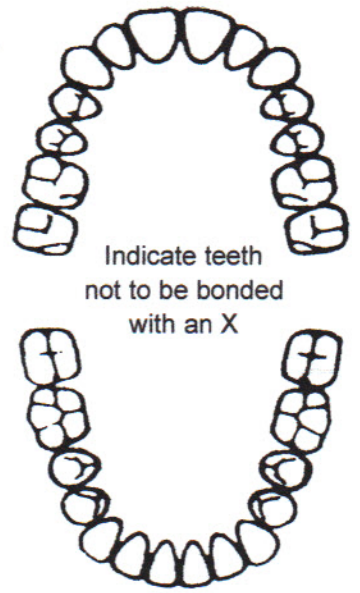
SLOT SIZE

.018 .022

BRACKET TYPE (3M Unitek™)

- Brackets enclosed
- NorthStar provided 3M Unitek™ Victory Series Low Profile
- Other 3M Unitek™ bracket system
- Clarity™ SL w/SmartClip™
- Victory Series™
- Victory Series™ Vertical Slot
- Victory Series™ Gold
- SmartClip™ Self-Ligating
- Mini Uni-Twin™
- Miniature Twin
- Miniature Twin Vertical Slot
- Please call to discuss

Notes: _____



PLACEMENT INDICATORS

- Lab to draw lines on model
- Doctor has drawn placement lines

TRAY TYPE (Dual laminate with pliable inner placement tray and hard outer shell)

- 1-Piece Arch
- 2-Piece Arch
- 3-Piece Arch

DUPLICATE MODELS

(originals may be damaged during processing)

- Yes No

SEND BONDING KIT (additional charge)

- Yes No

Bracket Placement*

Tooth	STANDARD		CHANGES	
	Torque	Angulation	Torque	Angulation
1 1	+17	+4		
2 2	+10	+8		
3 3	0	+8		
4 4	-7	0		
5 5	-7	0		
6 6	-14	N/A		
7 7	-14	N/A		
1 1	-6	0		
2 2	-6	0		
3 3	0	+3		
4 4	-12	+2		
5 5	-17	+2		
6 6	-20	N/A		
7 7	-10	N/A		

- Ortho Rx
- Frankel Rx
- Labels or Boxes
- Please Call
- S.M. Rx and Imp. Bags
- Pkg Foam
- C/B Rx
- Twin Block Rx
- Splint Rx
- Indirect Bonding Rx
- Herbst Rx
- Price List



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* NorthStar follows the "Recommended Bracket Placement Chart" for vertical bracket placement unless otherwise specified.