

PRIMARY BRACKET SET

Office/Organization Name: _____

Doctor(s) Name: _____

PRIMARY U&L 5-5 SET

QUANTITY SENDING:

BRACKET LOCATION	MANUFACTURER PART NUMBER (Each Bracket Has Their Own Unique Part Number)	BRACKET SPECIFICATIONS (ex. AO Mini Master MBT .022 with Hook)
UPPER RIGHT	1: 2: 3: 4: 5:	1: 2: 3: 4: 5:
UPPER LEFT	1: 2: 3: 4: 5:	1: 2: 3: 4: 5:
LOWER RIGHT	1: 2: 3: 4: 5:	1: 2: 3: 4: 5:
LOWER LEFT	1: 2: 3: 4: 5:	1: 2: 3: 4: 5:

PRIMARY U&L 6-7 SET

QUANTITY SENDING:

BRACKET LOCATION	MANUFACTURER PART NUMBER (Each Bracket Has Their Own Unique Part Number)	BRACKET SPECIFICATIONS (ex. AO LP Tubes .022)
UPPER RIGHT	6: 7:	6: 7:
UPPER LEFT	6: 7:	6: 7:
LOWER RIGHT	6: 7:	6: 7:
LOWER LEFT	6: 7:	6: 7:

ADDITIONAL BRACKET SET

Office/Organization Name: _____

Doctor(s) Name: _____

ADDITIONAL U&L 5-5 SET

QUANTITY SENDING:

BRACKET LOCATION	MANUFACTURER PART NUMBER (Each Bracket Has Their Own Unique Part Number)	BRACKET SPECIFICATIONS (ex. AO Mini Master MBT .022 with Hook)
UPPER RIGHT	1: 2: 3: 4: 5:	1: 2: 3: 4: 5:
UPPER LEFT	1: 2: 3: 4: 5:	1: 2: 3: 4: 5:
LOWER RIGHT	1: 2: 3: 4: 5:	1: 2: 3: 4: 5:
LOWER LEFT	1: 2: 3: 4: 5:	1: 2: 3: 4: 5:

ADDITIONAL U&L 6-7 SET

QUANTITY SENDING:

BRACKET LOCATION	MANUFACTURER PART NUMBER (Each Bracket Has Their Own Unique Part Number)	BRACKET SPECIFICATIONS (ex. AO LP Tubes .022)
UPPER RIGHT	6: 7:	6: 7:
UPPER LEFT	6: 7:	6: 7:
LOWER RIGHT	6: 7:	6: 7:
LOWER LEFT	6: 7:	6: 7:

INVERTED BRACKETS

Office/Organization Name: _____

Doctor(s) Name: _____

Invert Definition: The rotation of a bracket on a tooth by 180 degrees.

If you want something other than this, please specify (ex. We use inverted U1's as both inverted U1's and U 2's)

INVERTED SETS (OPTIONAL)

BRACKET LOCATION	TOOTH NUMBERS	BRACKET DESCRIPTION	NOTES
Upper and Lower	3-3	AO Mini Master (Primary Set)	-
Lower	2-2	AO Empower 2 (Additional Set)	Invert L 1's to become both the L1's and L2's for this set

FINISHING WIRE ARCH FORM

**The Finishing Wire Arch Form is used to create a more accurate outcome.
We will digitize your finishing arch form for use in the software.
Only the shape of the arch form is essential.**

Manufacturer: (Example) AO American Orthodontics

Form Name: (Example) Form A LG

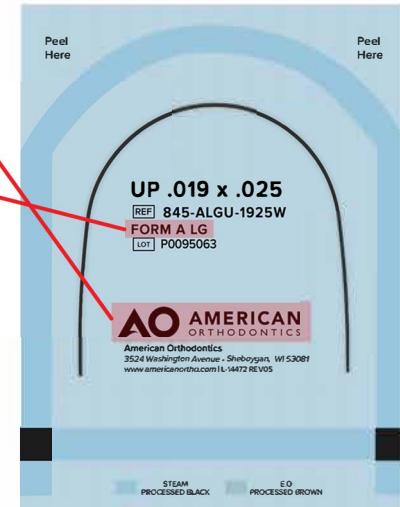
(Only one wire per arch form is required)

Manufacturer: _____

Form Name: _____

Manufacturer: _____

Form Name: _____



Shipping instructions for your finishing wire arch form:

1. Email this completed form to Brackets@MyOrthoSelect.com
2. In addition to emailing, ship the physical arch form and this document to:

DIBS AI
Attn: Brackets Team/(Your Office Name - Your Dr's Name)
772 E 930 S, Suite 100
American Fork, UT 84003
3. If applicable, the finishing wire arch form can be shipped with your physical bracket shipment.
4. All arch forms will be kept for a quality control reference.