Hybrid Complete™ Rx

Specialty Appliances™

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ **DATE NEEDED*** REQUIRED

Date needed should be at least 1 day before appointment date.

◯ **APPROVAL TO CHARGE EXPIDITED MANUFACTURING & SHIPPING**

DIGITAL SCAN TAKEN WITH:
◯ iTero® ◯ Carestream ◯ CEREC ◯ TRIOS® ◯ Medit ◯ Other _____

Hybrid Complete™ is a two-step system designed to provide great outcomes while prioritizing aesthetics and short treatment times. Step one utilizes 3DiB trays to start in traditional braces and tackle major orthodontic movements. After completing the heavy lifting, patient begins step two with Clear Image® Aligners to finish treatment. Last, maintain with the included Invisible Retainers.

STEP ONE: HYBRID 3DiB

◯ Upper
◯ Lower

◯ Doctor to review digital setup
*To check a digital setup, software must be installed on customer computer. To schedule installation and doctor training, reach out to **3DiB@specialtyappliances.com**.*

◯ Specialty to complete bracket setup without doctor review

BRACKETS

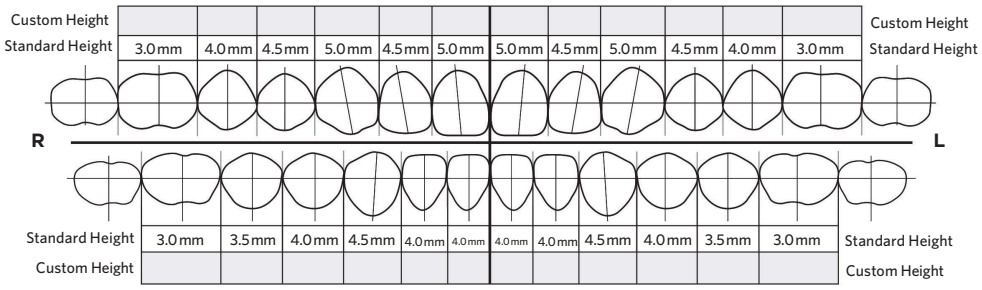
◯ SA provide metal brackets ◯ SA provide twin ceramic brackets ◯ Customer provide brackets
◯ Twin ◯ Self-Ligating

*If customer provides brackets, those brackets must be digitally scanned and added to bracket library. This is a one time (per bracket type) process that can take up to 4 weeks. To begin this process, reach out to **3DiB@specialtyappliances.com**.*

TRAY INFORMATION

UPPER	◯ Full Arch	◯ Midline Split	◯ Three Piece
LOWER	◯ Full Arch	◯ Midline Split	◯ Three Piece

BRACKET HEIGHT PRESCRIPTION



OFFICE USE: 1 2 3 4 + **PD:** SA DR
MODELS: U L BOTH BANDS CROWNS BROKEN
IMPRESSIONS: U L BOTH
DISINFECT: ____ **QA IN:** ____ **FINAL INSP:** ____

STEP TWO: HYBRID CIA

◯ Upper ◯ Lower ◯ Refinement
◯ Add Digital Pontics
Location _____
Shade *(Paint)* _____

CHOOSE TEETH TO RESET

R	7	6	5	4	3	2	1	1	2	3	4	5	6	7	L
	7	6	5	4	3	2	1	1	2	3	4	5	6	7	

◯ Reset anterior only ◯ Reset 5-5 only
◯ Reset all teeth as needed

Opposing Model Required for Warranty

SPACE & OVERJET INSTRUCTIONS

◯ Okay to leave space on upper due to overjet restrictions
Leave space _____

◯ Opposing arch unavailable. Overjet measurement is: _____

ATTACHMENT INSTRUCTIONS

◯ No attachments
◯ Attachments only on: _____
◯ Size/Shape preferred: _____
◯ Remove attachments on last stage

IPR INSTRUCTIONS

◯ Reduce teeth as needed in laboratory
◯ No IPR required

OTHER INSTRUCTIONS

I want to correct
◯ Midline _____
◯ Overbite _____
◯ Overjet _____
◯ Spacing _____

**One set of Invisible Retainers included with Hybrid Complete™. Retainers are fabricated using final aligner stage.*

SPECIAL INSTRUCTIONS (For aligners, please describe treatment goals and patient chief complaint in detail)

_____

_____

_____

DOCTOR SIGNATURE s/ _____

License # REQUIRED _____ **Expiration** mm/yy _____

(800) 522-4636
www.specialtyappliances.com

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