

Prescription Form - Universal

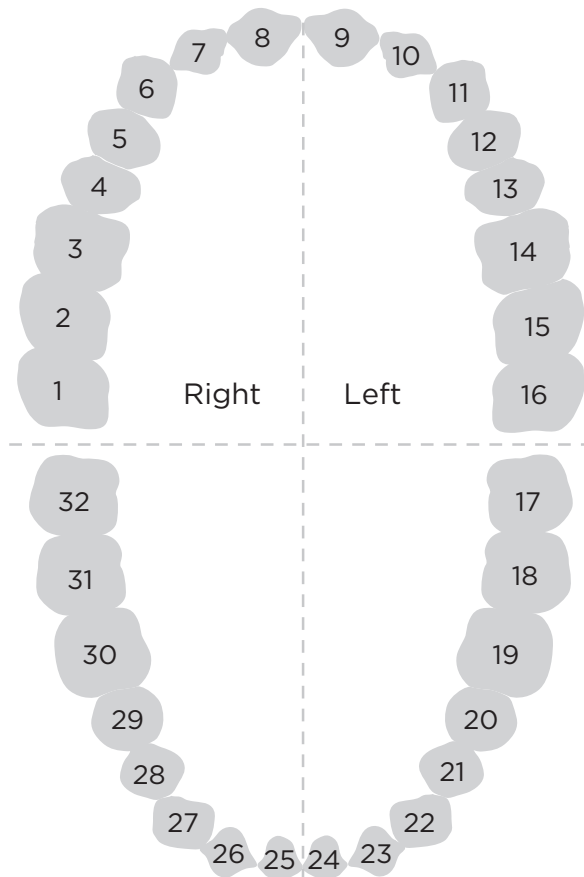
Patient Name _____

Date _____

Upper Right Tooth #	Mesial IPR (mm)	Distal IPR (mm)	Movement (Type/mm)
8			
7			
6			
5			
4			
3			
2			
1			

MID-LINE CORRECTION Upper Arch	Mesial Arch Movement (mm)	Distal Arch Movement (mm)
Upper Left Quadrant		
Upper Right Quadrant		

Upper Left Tooth #	Mesial IPR (mm)	Distal IPR (mm)	Movement (Type/mm)
9			
10			
11			
12			
13			
14			
15			
16			



Lower Right Tooth #	Mesial IPR (mm)	Distal IPR (mm)	Movement (Type/mm)
32			
31			
30			
29			
28			
27			
26			
25			

MID-LINE CORRECTION Lower Arch	Mesial Arch Movement (mm)	Distal Arch Movement (mm)
Lower Left Quadrant		
Lower Right Quadrant		

Lower Left Tooth #	Mesial IPR (mm)	Distal IPR (mm)	Movement (Type/mm)
17			
18			
19			
20			
21			
22			
23			
24			

Legend:

Type of Movement	Abbreviation	Direction of Movement	Abbreviation	Type of Movement	Abbreviation	Direction of Movement	Abbreviation
Tip, Bodily, or Torque	T, B, or TQ	Mesial	M	Rotate	R	Mesio-Lingual	ML
		Distal	D			Disto-Labial	DLB
		Lingual	L			Mesio-Labial	MLB
		Labial	LB			Disto-Lingual	DL