

## Prescription Form - Palmer

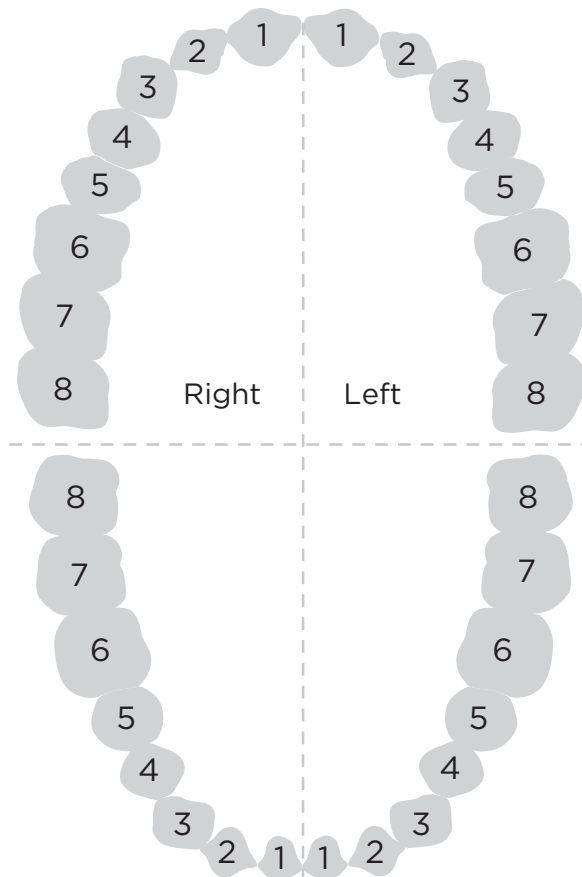
Patient Name \_\_\_\_\_

Date \_\_\_\_\_

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

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)
1			
2			
3			
4			
5			
6			
7			
8			



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

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)
8			
7			
6			
5			
4			
3			
2			
1			

**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