

FOR INTERNAL USE ONLY			
A	M	I	B

FOR INTERNAL USE ONLY
ORTHO



**PLEASE CALL - Phone #:**

(Selecting call for consultation will delay production/turn-around time)

♦ Phone: (619) 724-6400 ♦ Fax: 619.724.6401 ♦ M-TH: 8am - 4pm P.S.T. F: 8am - 12pm P.S.T. ♦ 7859 El Cajon Blvd. La Mesa CA, 91942 ♦

♦ All rush cases require prior authorization; please call to confirm rush delivery ♦ For shipping labels, please visit: [www.diamondorthoticlab.com](http://www.diamondorthoticlab.com) ♦

♦ If your due date does not follow the production calendar, changes will be made and updated **only** to Diamond's Client Portal . Please click **SUBMIT** to send this form electronically ♦

<b>1 DENTIST INFORMATION:</b>	Practice Name:			
	Doctor: <b>FIRST</b>		* License #:	
	LAST			
	Phone: - -	Fax:	Email:	
	Address: (If different than address on account form)			
City:	State/Province:	Zipcode:	Country:	

<b>2 PATIENT NAME:</b>	<b>FIRST</b>		<b>LAST</b>	
<div> <input type="checkbox"/> New Case         <input type="checkbox"/> Remake         <input type="checkbox"/> Reline         <input type="checkbox"/> Repair         <input type="checkbox"/> New items for existing case (i.e. new bite, new models)       </div>				

<b>3 Notes/Comments</b>
-------------------------

**4 Please select how you will be sending records for this patient- this ensures the proper records are paired with this form.**

#### PHYSICAL RECORDS



**Stone Models**



**PVS Impressions**



**Bite Registration**

#### DIGITAL RECORDS

\_\_\_\_\_ 3shape

\_\_\_\_\_ Carestream  
DENTAL

\_\_\_\_\_ CEREC<sup>®</sup>  
by **strona**

\_\_\_\_\_ iTero<sup>®</sup>

\_\_\_\_\_ MEDIT

\_\_\_\_\_ midmark<sup>™</sup>

\_\_\_\_\_ **ALL OTHER SCANNERS**

(upload .STL files to this form below)

**DUE DATE Requested:**

ALL cases will be manufactured according to the production calendar (available for download on our website) Turnaround times can be viewed on page 3. Manufacturing begins when Diamond receives all items required for the case; NOT the date the case was sent to the lab.

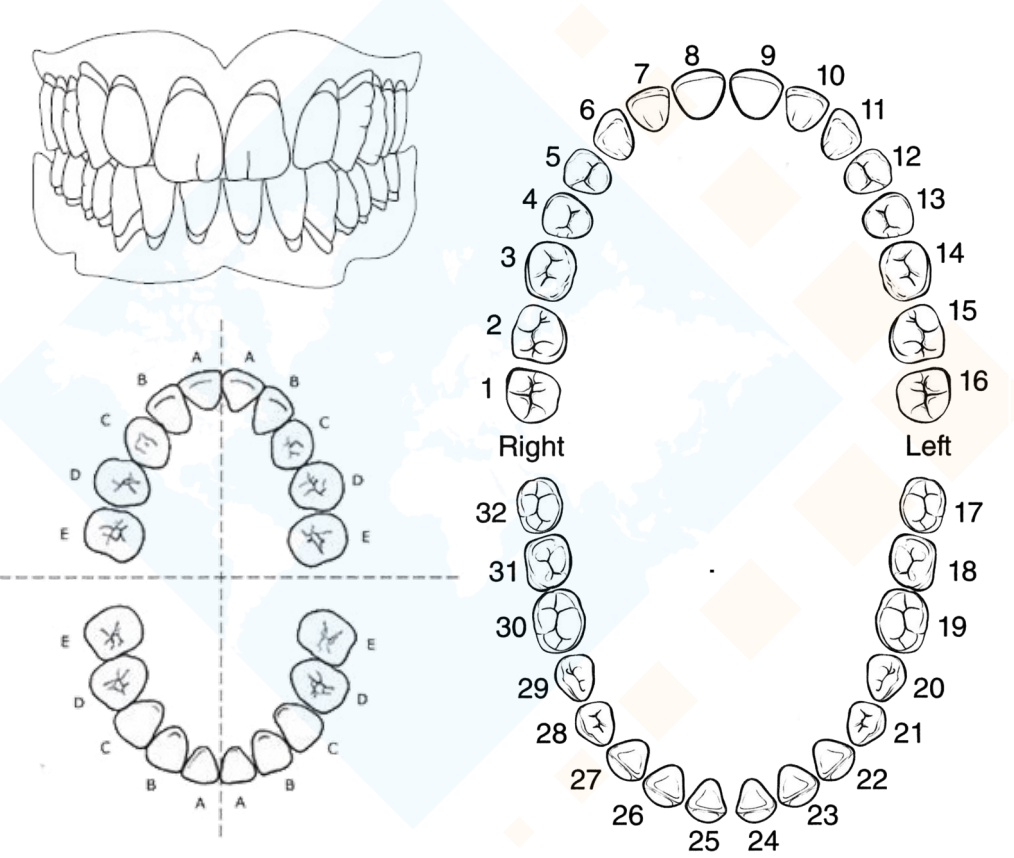
**DATE:**

**DENTIST SIGNATURE: *REQUIRED* to process this form**

By signing this form, you agree to the terms and policies listed on the third page and accept sole responsibility for payment which includes any legal and collection costs in the event of suit for non-payment, including reasonable fees. Dentist's signature will authorize Diamond Orthotic Laboratory to construct, alter or repair the device described on this prescription form. Final invoices will be available on Diamond's Client Portal once the case is completed.

**CUSTOM DESIGN** If you can think it, Diamond can create it!

Please use the images below and the appliance guide on the back of this form to help with design drawing.



**COLOR:**

**INSTRUCTIONS / ADDITIONAL COMMENTS**



**Diamond Orthodontic Appliance Rx**

**BANDED EXPANSION DEVICES**

Fixed Removable

☐ NiTi ☐ Quad Helix Hyrax RPE SlimLine ALF E-Arch



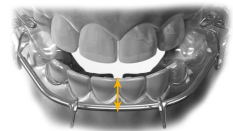
☐ U ☐ L ☐ U ☐ L ☐ U ☐ L ☐ U ☐ L

Add buccal hooks to bands

Add buccal tubes to bands

**TANDEM DEVICES**

☐ Fixed Modified Tandem ☐ Removable Mod. Tandem

Lipskis Bow

Standard Bow

Set bow \_\_\_\_\_ mm anterior of lower incisors

**Mx. SCREW TYPE:** **Md. SCREW TYPE:** **ACRYLIC COLOR:**

**CLASP SELECTION** (If left blank, case defaults to lab choice)

☐ Ball ☐ C-Clasp ☐ Adams ☐ Crozat ☐ Arrow ☐ Soldered

☐ Ball ☐ C-Clasp ☐ Adams ☐ Crozat ☐ Arrow ☐ Soldered

**RETAINERS/MISC.**

☐ UPPER ☐ LOWER

☐ Lingual Retainer ☐ Clear Essix Retainer (Trutaine)

☐ 2-2 ☐ Holding Retainers

☐ 3-3 ☐ Composite buildup for tooth eruption (specify teeth below)

☐ Add acrylic overlay to bite position ☐ Bleaching Trays

**REMOVABLE EXPANSION**

Sagittal Expansion ☐ ☐

Transverse Expansion ☐ ☐

3-Way Expansion ☐ ☐

Fan-Type Expansion ☐ ☐

Acrylic Retainer ☐ ☐

o Hawley ☐ ☐

o Wraparound ☐ ☐

o One-Piece ☐ ☐

o Wraparound ☐ ☐

Other: \_\_\_\_\_

**TOOTH MOVEMENT**

**CIRCLE TEETH FOR RESET**

**ERUPTION:**

☐ Upper: ☐ Molars ☐ Bicuspid ☐ Acrylic Overlay

☐ Lower: ☐ Molars ☐ Bicuspid ☐ Acrylic Overlay

**MIDLINES:**

☐ Upper: ☐ Maintain ☐ Move to right


☐ Lower: ☐ Maintain ☐ Move to right


**SPACE CLOSURE:**


☐ Upper: ☐ Close spaces ☐ Close as feasible


☐ Lower: ☐ Close spaces ☐ Close as feasible

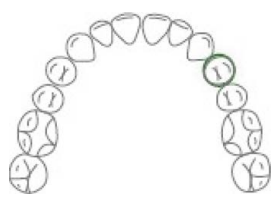
**SPORTS GUARDS** **Diamond Enhanced Performance**

 DEP Trainer (Minimal to no contact)

 DEP Elite (Light to medium contact)

 DEP Professional (Medium to heavy contact)

 DEP-Hybrid (Nylon Infused) (Heavy to Extreme Contact)



Band



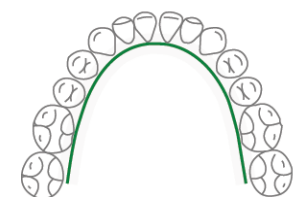
C-Clasp



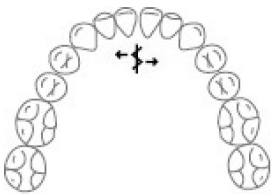
Adams Clasp



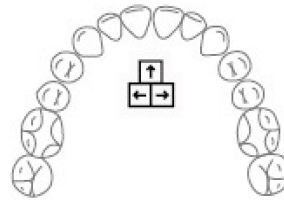
Ball Clasp



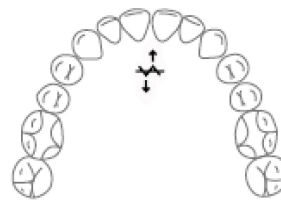
Lingual Bar/Guide Wire



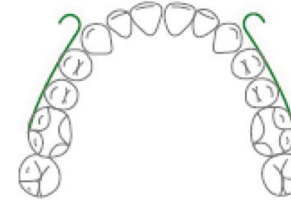
Transverse Expansion Screw



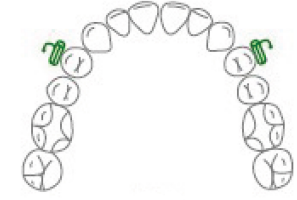
3-Way Screw



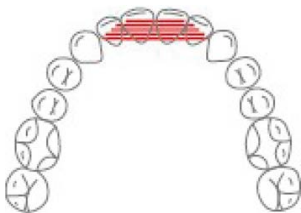
Sagittal Expansion



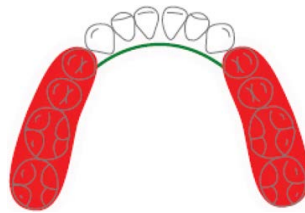
Buccal hooks/arms for Elastics



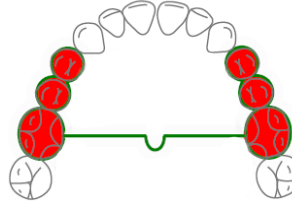
Buccal Tubes with hooks



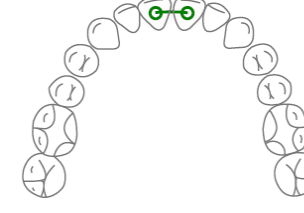
Anterior Bite Plate



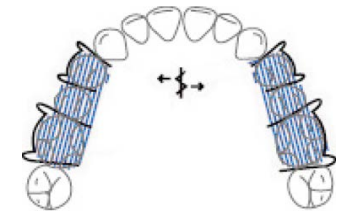
Occlusal overlay w/lingual bar



Banded, Transpalatal Arch  
with occlusal overlay



Lingual Retainer  
2-2



Transverse Expansion with occlusal overlay.  
Adams clasp for retention

## Send a Case

### DIGITAL Scans/Models

#### 3SHAPE:

1. Visit: [us.3shapecommunicate.com](http://us.3shapecommunicate.com)
2. Once logged in to your account, click on the "connections" tab
3. Select "Add Connection" and type in: [info@diamondorthoticlab.com](mailto:info@diamondorthoticlab.com)

#### Carestream:

1. You can select us as your lab with your scanner by selecting "Carestream Connect"
2. Search for Diamond Orthotic Laboratory or [info@diamondorthoticlab.com](mailto:info@diamondorthoticlab.com)

#### CEREC-Sirona:

1. Click "Add" in scanner portal or go to [www.sirona-connect.com](http://www.sirona-connect.com)
2. Click "My Favorite Laboratory" and then "search lab"
3. Select United States and enter our zipcode: 91942
4. Locate "Diamond Orthotic Laboratory" and select the "plus" button

#### ITERO:

1. From your scanner's dashboard, select "FIND A LABORATORY" and type in: Diamond Orthotic Laboratory or
2. Call ITERO at 1.800.577.8768 and ask them to connect you with Diamond Orthotic Lab

#### MidMark (3M):

1. Diamond Orthotic Lab can be added when your scanner is installed.
2. If your scanner is currently active, please call 1.800.634.2249.
3. Select option 3, then option 1.
4. Request Diamond Orthotic Laboratory to be added to your scanner.

#### MEDIT:

1. Download the Medit Link software and login to your account.
2. Click 'Add New Partner' and search for 'Diamond Orthotic Laboratory' or [digital@diamondorthoticlab.com](mailto:digital@diamondorthoticlab.com) to begin sending cases to our lab.

**ALL OTHER SCANNERS:** Please upload your .STL files directly to the online order form.

### PHYSICAL Models/Impressions

1) Complete, Print & Send the Prescription Form: You can submit your Rx. form directly on Diamond's website or send it along with the physical records and bite registration.

#### 2) Pack the Case:

- a. Always pour alginate impressions in stone before shipping to the lab. Only polyvinyl impressions can be shipped
- b. Separate multiple impressions & individually wrap each arch with foam to prevent breakage.
- c. Please label all items (models, bite registration or impressions) with the patient's name or initials; this ensures all items are accounted for and assigned to the right patient.
- d. Secure bite registration in a small bag or container; if sending multiple bites, please label: "day" and "night"
- e. Pack the box with foam/peanuts and enclose the prescription
- f. Make sure all items are secure and tape box closed
- g. Place in shipping "PAK" if possible.

3) Follow USPS, UPS or FEDEX shipping guidelines to complete your shipment.

\*\* It is important that you order your shipping labels through our website rather than calling carriers directly. This will ensure that your pre-printed labels are completed accurately, and that your cases arrive as scheduled. Shipping labels are available online at [www.diamondorthoticlab.com](http://www.diamondorthoticlab.com). Diamond covers return ground shipping. Clients are responsible for 2-day and overnight shipments to Diamond Orthotic Lab. International Clients should contact Diamond for pre-printed airbills.

Please contact 619.724.6400 for any case discrepancy. Cases are considered complete and correct if Diamond is not notified within 72 hours of receiving the case.

## Contact Information

### General Information:

[info@diamondorthoticlab.com](mailto:info@diamondorthoticlab.com)

### Product Orders:

[diamondorders@diamondorthoticlab.com](mailto:diamondorders@diamondorthoticlab.com)

### Quality/Case Assurance

[diamondQA@diamondorthoticlab.com](mailto:diamondQA@diamondorthoticlab.com)

Login to **Diamond Client Portal** at:

[www.diamondorthoticlab.com](http://www.diamondorthoticlab.com)

or

<http://orthotics.labstar.com>

\*All clients are required to send a completed, signed order (Rx.) form. If selections are not clear, your case will be placed on HOLD and will not begin production until the necessary information is provided.

\*\* Please note: Custom devices cannot be returned or refunded. Materials used for fabrication cannot be reprocessed or recycled.