

# Prescription Form Instructions

1. Sign into your account using your account email and password at <https://my.orthoproofusa.com>.
2. Fill in all required patient information and attach appropriate photos to improve bite alignment accuracy; then click *Submit*.
3. Next you will see “You have successfully submitted an order!” Beneath it you can select *Click here to download and print your order form*. (A PDF will be created in a separate web browser window)
4. Print a copy and place it in the patient’s impression box.

**OrthoProof USA Orthodontic Study Model Prescription Form**

  
**Practice Info**  
Doctor Number: 12345  
Practice Number: 123  
**Patient Info**  
Patient ID: 77777  
Last Name: TEST  
First Name: MODEL  
Date of Birth: 11-04-2008  
Treatment Name: Pretreatment  
Treatment Date: 11-04-2008

**Order Info**  
Order Date: 11-04-2008  
Order #: 77714209  
**Patient Management Software**  
PM Provider: None  
PM LinkID: 77777

**I have enclosed:**  
Material: Plaster  
Arches: UV:Yes, LV:Yes  
Bite: Centric Occlusion  
**Additional Services:**  
Return Plasters?: No

**Additional Comments:**  
  
**Doctor's Signature**  
Please produce digital orthodontic study models  
X  
Johnny Q. Doe

