

SUBMITTING AN RX ONLINE



- 3. Enter username and password in the spaces provided. (Register if first time user)
- 4. Select "Submit RX" from the Cases drop down menu.

습 Home	ORTHODONTICS INC.
	Holly Taylor - account # 1111, 15995 SW 74th Ave. #150, Tigard, OR - Excel Orthodontics, Inc.
	Submit RX ti is designed to provide you with optimal convenience and efficiency
	Vew Cases Excel. It's a valuable order management and communication platform that aff and the Excel production team to be 'on the same page' at all times
	throughout the case production process. Use it to • Securely submit new cases, including electronic file attachments.
	Search for current and past case information. Track case status throughout the production and shipping process.
	 Set up automatic alerts to notify personnel of any production changes. Add custom information and instructions (such as specific contact people on your staff, special pickup and delivery requests, etc.)
	Specify how you wish to receive statements and case confirmations. Peprint a statement or invoice.
	Establish payment options and make payments online. Order supplies (e. prescriptions, impression bags, boxes, shipping labels.
	It also helps you to provide clear instructions for unique manufacturing specifications. Use it to define preferences like how you wish to have a series and instructions for unique manufacturing specifications are used to be a series of the
	with to neve acyclic applies to rearrants, or what type or expansion screw you preserve for a rappo passial expansion. With your online account, your practice can communicate directly with Excel 24 hours a day, seven days a week, and ensure the best possible outcome for patients and staff. (701-249-026) (200-269)-1222 / excel@exclorithidemlics.com

5. Enter Doctor's Name (select from	Submit RX Service Center: Image: Service Center: Image: Image: Center:							
drop down bar)			C REMAKE CASE					
	Core Doctor Information							
6. Enter patient first	Shipping Address							
and last name.	Holly Taylor 15995 SW 74th Ave. #150, Tigard, OR, 97224, US		Particular Depart Depart					
	Preferences Patient Details							
	First Name: Last N	ame:						
7. Select Scanner from	Fulfilments							
drop down bar	Case Details	Submission Date:	Banuastad Batum Date:					
	Susceres	• 🖾 8/26/2020	requested return date					
	Requested Return Time:							
	() 10:56 AM							
8 Select requested	Messages Comments:							
o. Select requested	10 Q							
Return date & time.	Aufilment							
	PRODUCTS	+	ATTACHMENTS +					
	Settings							
	Logout RUSH		THIS CASE IS AUTHORIZED AND SIGNED BY:					
9. Enter any case 🦯								
specific comments			SUBMIT CASE					

10. Select Product Rx Type from drop	Product: + Act/PROJECT Re Type Re Galegory Project accessing pt
uowii bai	Rx Type: Product:
	R disa select product
	Class Connector Peescription Save CANERL
	Splitt Preciption
	Standard Presorgision

11. Select Product from

drop down bar	ADD REDOUCT	Teeth	Unite Description Notes					
	Rx Type:	Product	t					
	R Standard Prescription	• •	select product -					
	Standard Appliance Preference * Use General Instructions for additional clarification. Follow Doctor's Appliance Specifications Modify Doctor's Appliance S	ecifications	lever product + Hold Dealan - Retriko					
	General Instructions * Phene be specific with your designs and special requests. (See categories below for general instructions	custom options)	Custom Request - RT100] - RT105 - Upper Namiy with But Claps - (RT105) RT110 - Upper Namiy with Suf Claps - (RT105) - RT110 - Upper Namiy with Suf Claps - (RT118) - RT115 - Upper Namiy with Sufare Claps - (RT118)					
	Actyle Color / Design • f no color of design is requested our default color is clear prict. actyle: color / design		FRT3D - Upper Hawley *C* Clauge Soldered to Labial Box - (HT12d) FRT3D - Upper What Anoma Hawley - (HT12d) FRT3D - Upper What Anoma Hawley wildlewed Bal Clauge - (HT12f) FRT3D - Upper Labia Box Soldered Adama Clauge - (HT13D)					
	Delivery Instructions * Specify here if you want it delivered to a location other than where you submitted	from	RT135 - Upper Hawley no Clasps - [RT135]					
	delivey instructions							
	Model Submission Method * Please exclude how model was sent							
	Digital scan in scanner portal Digital scan on file		Impressions/Stone Models					

12. Verify product preference	Image: Construction of the second							
13. Enter appliance design or special request	Preferences may be modified on the Review Instructions section. Appliance Design Instructions * Please be specific with your appliance design and any special requests. appliance design Instructions							
14. Enter acrylic color/ design if applicable —	Preferences Acrylic Color / Design * If no color or design is requested our default color is clear pink. Acrylic color / design Messages							
15. Check any enclosures sent	Enclosures Appliance Bite Registration Custom-fit bands/crowns Custom-fit bands/crowns follow)							
16. Enter a specific delivery location or instruction	Delivery Instructions * Specify here if you want it delivered to a location other than where you submitted it from delivery instructions							
17. Save	SAVE CANCEL							

		Patient De	etails								
		First Name:			Last Name:						
		(S)			0						
		Case Deta	ails								
		Cases Scanner:				Submission Date:				Requested Return (Date:
					•	8/26/202	0			Tequested	i return date
18.	Add another product	Nickups Requested	Return Time:								
	11	© 10	:56 AM								
	if necessary, repeat	Resources Comments:									
	stops $10-14 \pm SAVE$										
	Steps 10-14 + OAVE	Preferences									
		Products	5								
		+ AD	O PRODUCT								
10	Add digital files	20	Rx Type	Rx Category		Product	Teeth	Uni	s Descrip	tion	Notes
13.	Aud digital lifes		Standard Prescription	Petertion		IT105		1	RT105 - 1	Jpper Hawley with Ball Clasps	
	as needed	CC									
		Digital Fi	Ies (Maximum accepted file size: 1	00 MB)							
			DEL SCAN		DIGITAL IMPRE	SSION		O DESIGN			PHOTOS & ATTACHMENTS
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20.	Review instructions					DRAG	5 & DROP FILES HER	RE or CLICK TO I	ROWSE		
		Attachme	nt Notes:								
		Q									
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21.	Check authorization										
	hov	RUSH						Doctor: Holly	UTHORIZED AND aylor	SIGNED BY:	
		×				-		· · · · · · · · · · · · · · · · · · ·			
		RE	VIEW INSTRUCTIONS							_	SUBMIT CASE
~~	Output to a second										
22.		1-									
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23. Click on Print Work Order and send both copies to lab	Submit Rx	×	
(Skip step for scans)	Case number 481690 successfully submitted.		
7224, US	PRINT WORK ORDER		n Marcos 🖉 Rancheros Bio
24. Schedule a pickup			
with our drivers or	La	CLOSE	
UPS. (UPS customers	9		
print label)			
(Skip step for scans)	Submission Date:		Requested Return Date:
	▼ 28/26/2020		requested return date

Serving you is how we excel.

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