



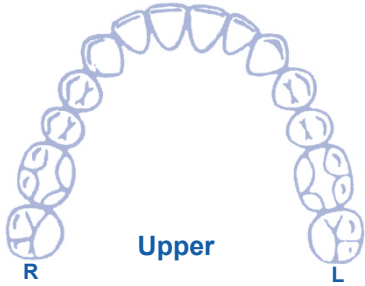
Put our experience to work for you

# Appliance Rx

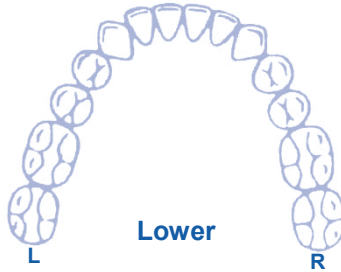
- |  |  |
|--|--|
| <input type="checkbox"/> Phone me regarding case | <input type="checkbox"/> Send additional |
| <input type="checkbox"/> Master Rx on file       | <input type="checkbox"/> Rx Sheets       |
| <input type="checkbox"/> New Account             | <input type="checkbox"/> Address change  |
| <input type="checkbox"/>                         | <input type="checkbox"/> Mailing labels  |

Doctor: \_\_\_\_\_ Lic# \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State \_\_\_\_\_  
 Patient: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date Shipped: \_\_\_\_\_ Date Wanted: \_\_\_\_\_  
 Dr Signature: \_\_\_\_\_

1-2 days prior to insertion



Upper



Lower

Acrylic Color  
Upper \_\_\_\_\_

Acrylic Color  
Lower \_\_\_\_\_

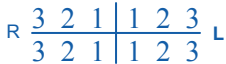
### Retainers

- |   | Upper                    | Lower                    |
|---|--------------------------|--------------------------|
| Hawley Standard                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard Wrap Around                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Bow Wrap Around                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Bow Soldered To Clasps                   | <input type="checkbox"/> | <input type="checkbox"/> |
| QCM Retainer                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Tremont Wrap Around                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Bloore Retainer                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Invisible Retainer                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonded Lingual Retainer                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 3x3 W/ Transfer Tray |                          |                          |
| <input type="checkbox"/> 3x3 W/ Mesh pads     |                          |                          |

### Spring Retainers

- |   | Upper                    | Lower                    |
|---|--------------------------|--------------------------|
| Spring Retainer <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4 | <input type="checkbox"/> | <input type="checkbox"/> |
| Modified Spring Retainer  | <input type="checkbox"/> | <input type="checkbox"/> |
| Modified Spring Retainer w/ Helix   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3x3 With Wire Extensions  | <input type="checkbox"/> | <input type="checkbox"/> |

RESET TEETH CIRCLED On diagram below



### Splints

- |                               | Upper                    | Lower                    |
|-------------------------------|--------------------------|--------------------------|
| Anterior Repositioning Splint | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Occlusal Splint          | <input type="checkbox"/> | <input type="checkbox"/> |
| Full Anterior Guidance        | <input type="checkbox"/> | <input type="checkbox"/> |
| Dual Laminate                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexguard (Thermoplastic)     | <input type="checkbox"/> | <input type="checkbox"/> |
| Soft Night Guard              | <input type="checkbox"/> | <input type="checkbox"/> |
| Sports Mouth Guard            | <input type="checkbox"/> | <input type="checkbox"/> |
| Krois Deprogrammer            | <input type="checkbox"/> | <input type="checkbox"/> |
| Mini Deprogrammer             | <input type="checkbox"/> | <input type="checkbox"/> |

### Wire Options

- |   | Upper                    | Lower                    |
|---|--------------------------|--------------------------|
| Ball Clasp  | <input type="checkbox"/> | <input type="checkbox"/> |
| Adams Clasp   | <input type="checkbox"/> | <input type="checkbox"/> |
| "C" Clasp   | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrow Clasp   | <input type="checkbox"/> | <input type="checkbox"/> |
| Soldered "C"s   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tongue Crib  |                          |                          |
| <input type="checkbox"/> Finger Springs <input type="checkbox"/> To Close <input type="checkbox"/> "Z" Spring |                          |                          |
- R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L  
 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

### Acrylic Options

- |   | Upper                    | Lower                    |
|---|--------------------------|--------------------------|
| Labial Acrylic                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Posterior Bite Plane                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Horseshoe Acrylic                             | <input type="checkbox"/> |                          |
| <input type="checkbox"/> Anterior Bite Plane  |                          |                          |
| <input type="checkbox"/> Pontic - Shade _____ |                          |                          |

### Fixed Appliance

- Nance Appliance
- Transpalatal Arch
- Space Maintainer-Specify \_\_\_\_\_
- Distal Shoe-Specify \_\_\_\_\_
- Lip Bumper
- Lingual Arch 6x6
- Fixed Bite Plane (Rickanator)
- Habit Appliance-Specify \_\_\_\_\_
- Bluegrass
- Pedo Partial

### Study Models

- Finished
- Rough Trim

### Functional Appliances

- |   | Upper                    | Lower                    |
|---|--------------------------|--------------------------|
| Schwarz   | <input type="checkbox"/> | <input type="checkbox"/> |
| Schwarz (Two Screws)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sagittal (Two Way)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sagittal (Three Way)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Add Occlusal Coverage   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bionator To Open   |                          |                          |
| <input type="checkbox"/> Bionator To Close  |                          |                          |
| <input type="checkbox"/> Orthopaedic Corrector <input type="checkbox"/> Type I <input type="checkbox"/> Type II |                          |                          |
| <input type="checkbox"/> Twin Block (Standard)  |                          |                          |

### Fixed Expanders

- Hyrax RPE
- Haas RPE
- Bonded RPE
- Quad Helix  Upper  Lower
- W-Arch  Upper  Lower
- FLEA
- E-Arch (With IPC)  Upper  Lower
- Wilson 3-D-Specify \_\_\_\_\_
- Deluxe Contoured Expander
- Spring Jet 1 (Slow Expansion)
- Spring Jet 2 (Fast Expansion)
- Nitanium Palatal Expander
- Memory Screw
- Exspider Fan Expander

### Distilizing Appliances

- Pendulum (W/O Expansion)
- Pendex (W/ Expansion)
- T-Rex
- Hilgers
- ACCO: Cetlin
- Distal Jet
- IPC Standard Distalizer
- Unilateral  Right  Left

### Herbst® Appliances

- Standard Banded Design
- Cantilever Banded Design

### Crown Herbst®

- Standard Crown Design
- Standard Cantilever Design
- Bonded Herbst

## Special Instructions \_\_\_\_\_