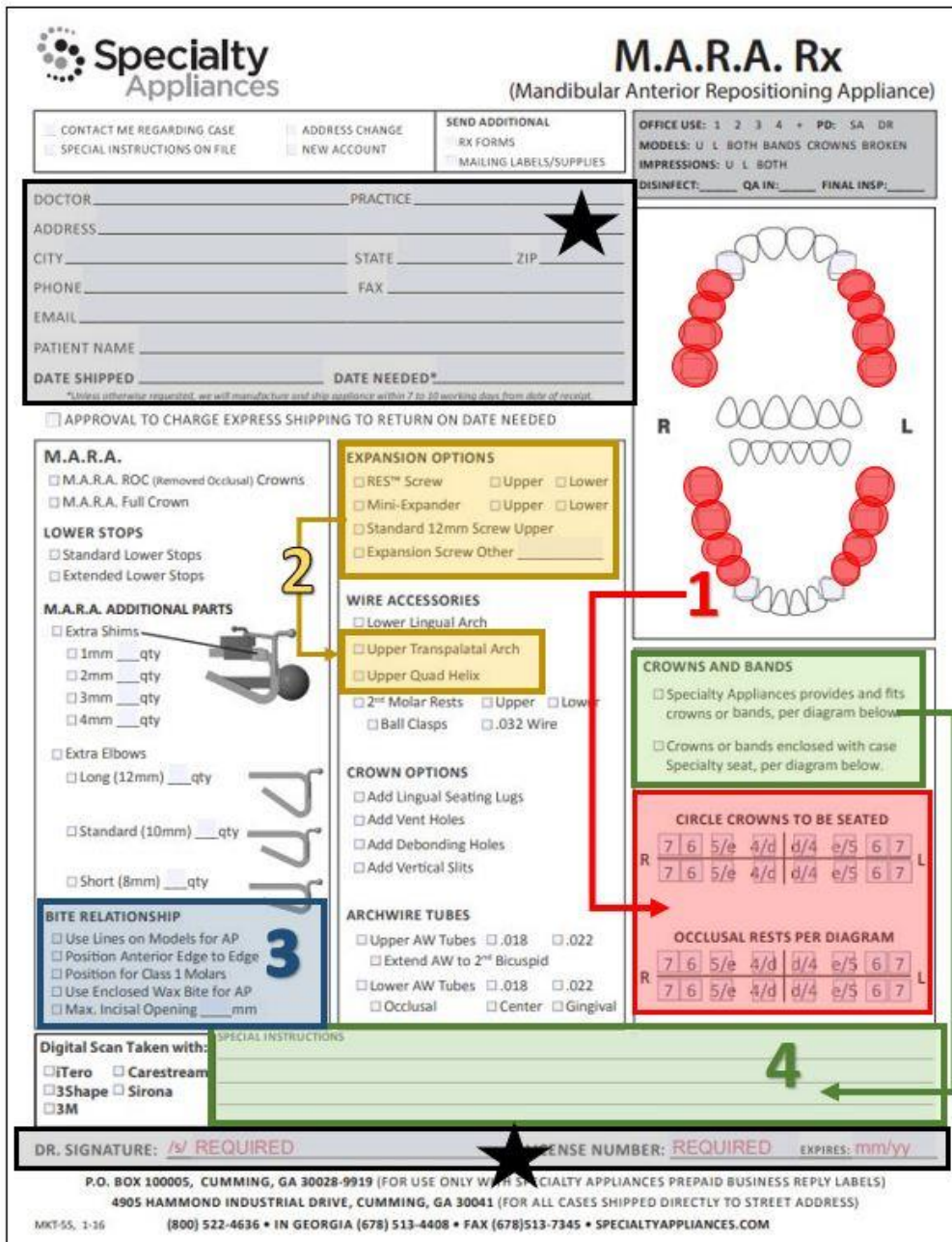


Instructions for completing a MARA Rx:



Specialty Appliances
M.A.R.A. Rx
(Mandibular Anterior Repositioning Appliance)

CONTACT ME REGARDING CASE | ADDRESS CHANGE | SEND ADDITIONAL
SPECIAL INSTRUCTIONS ON FILE | NEW ACCOUNT | RX FORMS | MAILING LABELS/SUPPLIES

OFFICE USE: 1 2 3 4 + PD: SA DR
MODELS: U L BOTH BANDS CROWNS BROKEN
IMPRESSIONS: U L BOTH
DISINFECT: _____ QA IN: _____ FINAL INSP: _____

DOCTOR: _____ PRACTICE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____
PATIENT NAME: _____
DATE SHIPPED: _____ DATE NEEDED*: _____

APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

M.A.R.A.
 M.A.R.A. ROC (Removed Occlusal) Crowns
 M.A.R.A. Full Crown

LOWER STOPS
 Standard Lower Stops
 Extended Lower Stops

M.A.R.A. ADDITIONAL PARTS
 Extra Shims
 1mm ___ qty
 2mm ___ qty
 3mm ___ qty
 4mm ___ qty
 Extra Elbows
 Long (12mm) ___ qty
 Standard (10mm) ___ qty
 Short (8mm) ___ qty

BITE RELATIONSHIP
 Use Lines on Models for AP
 Position Anterior Edge to Edge
 Position for Class 1 Molars
 Use Enclosed Wax Bite for AP
 Max. Incisal Opening ___ mm

EXPANSION OPTIONS
 RES™ Screw Upper Lower
 Mini-Expander Upper Lower
 Standard 12mm Screw Upper
 Expansion Screw Other _____

WIRE ACCESSORIES
 Lower Lingual Arch
 Upper Transpalatal Arch
 Upper Quad Helix
 2nd Molar Rests Upper Lower
 Ball Clasps .032 Wire

CROWN OPTIONS
 Add Lingual Seating Lugs
 Add Vent Holes
 Add Debonding Holes
 Add Vertical Slits

ARCHWIRE TUBES
 Upper AW Tubes .018 .022
 Extend AW to 2nd Bicuspid
 Lower AW Tubes .018 .022
 Occlusal Center Gingival

CROWNS AND BANDS
 Specialty Appliances provides and fits crowns or bands, per diagram below.
 Crowns or bands enclosed with case Specialty seat, per diagram below.

CIRCLE CROWNS TO BE SEATED

R	7	6	5/e	4/d	d/4	e/5	6	7	L
R	7	6	5/e	4/d	d/4	e/5	6	7	L

OCCUSAL RESTS PER DIAGRAM

R	7	6	5/e	4/d	d/4	e/5	6	7	L
R	7	6	5/e	4/d	d/4	e/5	6	7	L

Digital Scan Taken with:
 iTero Carestream
 3Shape Sirona
 3M

DR. SIGNATURE: /s/ REQUIRED | LICENSE NUMBER: REQUIRED | EXPIRES: mm/yy

P.O. BOX 100005, CUMMING, GA 30028-9919 (FOR USE ONLY WITH SPECIALTY APPLIANCES PREPAID BUSINESS REPLY LABELS)
4905 HAMMOND INDUSTRIAL DRIVE, CUMMING, GA 30041 (FOR ALL CASES SHIPPED DIRECTLY TO STREET ADDRESS)
MKT-55, 1-16 | (800) 522-4636 • IN GEORGIA (678) 513-4408 • FAX (678) 513-7345 • SPECIALTYAPPLIANCES.COM

01

Specify anchorage teeth after they've been evaluated for appropriate eruption.

02

If palatal accessories are requested, make sure the scans/model/impression capture the palatal anatomy.

03

Specify advancement requirements.

04

If sending bands or crowns through the mail, please make note of that in the special instructions at the bottom of the Rx.



Please fill out the general information section completely to ensure that your order will be proceed correctly and efficiently.

Also, the doctor's signature, license number and license number expiration date are required on al prescription sheets! If sending a digital Rx, this section can be completed electronically!