

NOTIFICATION

-
- CONTACT ME REGARDING CASE
-
- ADDRESS CHANGE
-
-
- SPECIAL INSTRUCTIONS ON FILE
-
- NEW ACCOUNT

SEND ADDITIONAL

-
- 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 _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ DATE NEEDED* _____

**Date needed should be at least 1 day before appointment date.*
 APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

DIGITAL SCAN TAKEN WITH:

-
- iTero
-
- Omnicam
-
-
- Trios
-
- 3M
-
-
- Carestream
-
- Other: _____

HERBST DESIGNS

-
- Standard Herbst
-
-
- Cantilever Herbst
-
-
- Space Closing Herbst
-
-
- Band or Crown Upper/Acrylic Lower
-
-
- Band/Crown Combination

HERBST MECHANISMS

-
- M4™ MiniScope® (4-part)
-
-
- Specialty MiniScope® (3-part)
-
-
- AppleCore® Screws
-
-
- Standard Herbst Mechanism
-
-
- HTH Telescope Mechanism
-
-
- Flip-Lock® Mechanism
-
-
- Advancement Shims _____ mm _____ qty
-
-
- MIO Measurement _____ mm

BITE RELATIONSHIP

-
- Use enclosed wax bite for AP
-
-
- Use lines on models for AP
-
-
- Position for Class I Molars
-
-
- Position anteriors edge to edge
-
-
- Advance _____ mm

EXPANSION OPTIONS

- | | U | L |
|-------------------|-----------------------|-----------------------|
| 12mm RPE Screw | <input type="radio"/> | <input type="radio"/> |
| Mini-Expander | <input type="radio"/> | <input type="radio"/> |
| Click Screw | <input type="radio"/> | <input type="radio"/> |
| Other type: _____ | | |

ACCESSORIES
WIRE

-
- Lingual Arch: Lower
-
-
- Transpalatal Arch
-
-
- Quad Helix: Upper

RESTS

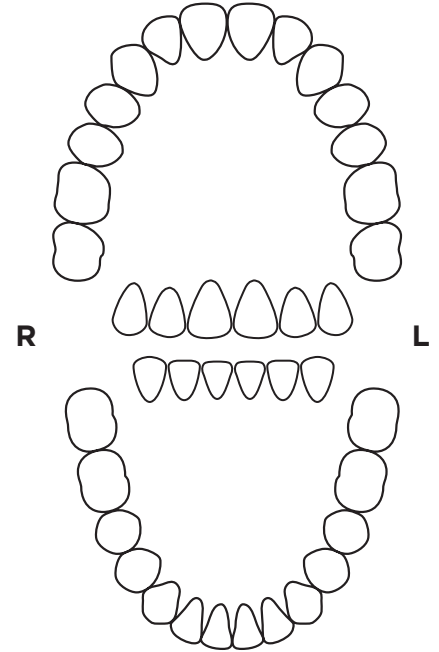
-
- 2nd Molar Rests
-
- Upper
-
- Lower
-
-
- Ball Clasps
-
- .032 Wire
-
- .036 Wire

ARCHWIRE TUBES

-
- AW Tubes: Upper
-
- .018
-
- .022
-
-
- Extend AWT to 2nd bicuspid
-
-
- AW Tubes: Lower
-
- .018
-
- .022
-
-
- Occlusal
-
- Center
-
- Gingival

CROWN OPTIONS

-
- Remove Occlusals for Crowns (ROC™)
-
-
- Lingual Seating Lugs
-
-
- Vent Holes
-
-
- Debonding Holes
-
-
- Vertical Slits


CROWNS & BANDS

-
- Specialty Appliances provides and fits:
-
-
- Band(s)
-
- Crown(s)
-
- ROC(s)
-
-
- Crowns or Bands enclosed with case

CIRCLE CROWNS TO BE SEATED

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

CIRCLE BANDS TO BE SEATED

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

OCCLUSAL RESTS
OCCLUSAL RESTS PER DIAGRAM

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

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____