

Instructions for completing Metal Appliance Rx



Metal Appliance Rx

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

SEND ADDITIONAL
 Rx FORMS
 MAILING LABELS/SUPPLIES

DOCTOR _____ ACCT# _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____
 EMAIL _____
 PATIENT NAME _____
 DATE SHIPPED _____ DATE NEEDED* **REQUIRED**
*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:
 Tero Dmnicam
 Trios 3M
 Carestream Other: _____

HOLDING
 Transpalatal Arch
 Lingual Arch: Lower
 Nance Appliance
 Space Maintainer (Specify) _____

EXPANSION
 Standard Hyrax RPE
 Standard Haas RPE
 Acrylic Bonded RPE
 DeLuxe Contoured RPE
 Exspider Fan Expander
 Lower Fixed Expander
 MSE-MARPE
 Quad Helix

OTHER APPLIANCES
 Habit Appliance
 Crib Spurs Bluegrass
 Fixed Bite Plane Rickanator
 E-Arch Tandem™

DISTALIZATION
 Pendulum Original
 Pendex (w/ Expander)
 T-Rex
 PHD Appliance
 MDA Appliance
 Rapid Molar Distalizer
 Horseshoe Jet
 Distal Jet
 Halterman Appliance

ACCESSORIES
 AW Tubes 018 022
 Upper Lower
 Headgear Tubes
 Lip Bumper Tubes
 Lingual Sheaths
 Hooks (Specify) _____
 Lingual Seating Lugs
 Debonding Holes
 Vent Holes
 Vertical Slits
 Remove Occlusals for Crowns (IOC™)
 Debonding Wires
 Debonding Screws
 Acrylic Color _____

CROWNS & BANDS
 Specialty Appliances provides and fits:
 Band(s) Crown(s) IOC(s)
 Crowns or Bands enclosed with case

CIRCLE CROWNS TO BE SEATED
 R 7 6 5/4 4/3 4/4 4/5 6 7 L
 7 6 5/4 4/3 4/4 4/5 6 7 L

CIRCLE BANDS TO BE SEATED
 R 7 6 5/4 4/3 4/4 4/5 6 7 L
 7 6 5/4 4/3 4/4 4/5 6 7 L

OCCLUSAL RESTS
OCCLUSAL RESTS PER DIAGRAM
 R 7 6 5/4 4/3 4/4 4/5 6 7 L
 7 6 5/4 4/3 4/4 4/5 6 7 L

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE /s/ _____ (800) 522-4636 • IN GEORGIA (678) 513-4408
 License # _____ **REQUIRED** Expiration _____ mm/yy FAX (678) 513-7345
 www.specialtyappliances.com

01

Specify anchorage teeth and check their eruption.

02

Most upper metal appliances require that the palatal anatomy is captured in the scan/impression/model.

03

If sending bands and crowns to the lab, 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 processed correctly and efficiently.