



COMMUNICATION CENTER

AOA Wisconsin
 13931 Spring Street
 Sturtevant, WI 53177

Phone: 1-800-262-5221
 Fax: 262-886-6879
 International: 262-886-1050

REMOVABLE FUNCTIONAL Rx

Dr. _____ Acct # _____

Address _____

City, State, Zip _____

Patient _____

Tel # _____ Fax # _____

E-Mail _____

Shipped _____ Placement Date _____

(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)
 PLEASE WRITE SPECIAL INSTRUCTIONS

Bionator

To Open

To Close

To Maintain

Sondhi Modification

Midline Screw

Yes No

Orthopedic Corrector

To Open

To Close

To Maintain

Midline Screw

Yes No

Schwarz Plate

Upper Fan screw

Nord Design

Lower

Occlusal Coverage

Upper Yes No

Lower Yes No

Frankel

FR I

FR II

FR III

FR IV

Alternate Relief Rt _____ Lt _____

Standard Model Prep.

Do Not Prep Models

Lower Molar Rests

Advancement Screws

Disc Teeth Distal c's and Distal e's

Sagittal Plate

Upper

Lower

Class III - Lip Pads

Add Midline Screw

Occlusal Coverage

Upper Yes No

Lower Yes No

Molar Distalizers

ACCO

Shamey

Twin Block

Standard - Upper Midline Screw

Lower McNamara design

McNamara design

Add lower exp screw

Standard Type II - Upper and

Lower midline Screw

Omit Midline Screw(s)

Activators

LSU

Hamilton Expansion Activator

Stockli-Teuscher

Torquing Spring Labial Bow

Woodside Open Face

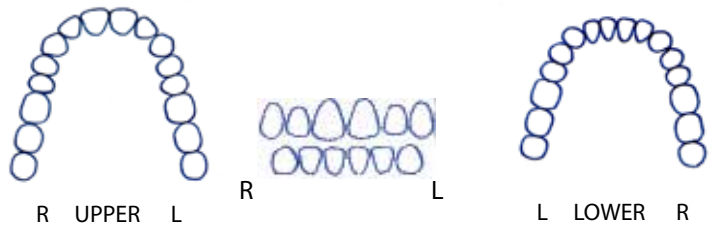
Headgear Tubes .045 .051

Jackson Expander

Upper Lower

Intrusion Appliances

Woodside Spring Intrusion Splint



Wax Construction Bite Provided

Use as is

Lab may modify if needed

Labial Bow **Headgear Tubes**

Standard .045

Buccinator .051

Acrylic **Clasps**

Pink Tint Adams Arrow

Clear Ball Other _____

Wax Relief

Lower Anterior Lingual

Lower Posterior Lingual

Lower Occlusal

Upper Anterior

PRO-PAL Series

Color(s) _____ Glitter(s) _____

Designer Series _____ **Carve Brackets/Bands**

Custom Design Include Picture Yes No

PLEASE SHIP EXTRA

PRE-PAID BAGS

SHIPPING BOXES

PRESCRIPTION SHEETS

APPLIANCE PROTECTION PLAN:

YES

NO

Laboratory Use Only

MA _____

MAC _____

FR _____

ACT _____

BIO _____

SAS _____

SAT _____

AVC _____

TB _____

AAC _____

AAC _____

AAC _____

SHIP _____

RECEIVING

SHIPPING

OPEN _____

PULL _____

ID _____

LAYOUT _____

DATE _____

PACK _____

ENTER _____

SHIP _____

PULL _____

CHECK _____