

Allesee Orthodontic Appliances	ISEONLY
COMMUNICATION CENTER	LAB
AOA         Phone:         1-800-262-5221           13931 Spring Street         Fax:         262-886-6879           Sturtevant, WI         53177         International:         262-886-1050	REMOVABLE FUNCTIONAL Rx
Sturtevant, WI 53177 International: 262-886-1050	Dr Acct #
Bionator       Orthopedic Corrector       Schwarz Plate         To Open       To Open       Upper         To Close       To Close       Nord Design         To Maintain       To Maintain       Lower         Sondhi Modification       Midline Screw       Occlusal Coverage         Midline Screw       Yes       No       Lower       No	Address
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	(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE) PLEASE WRITE SPECIAL INSTRUCTIONS
Sagittal Plate       Upper       Lower         Standard	R UPPER L L LOWER R
Class III    Cclusal Coverage  Upper Yes No	Wax Construction Bite Provided       Labial Bow       Headgear Tubes         Use as is       Standard       .045         Lab may modify if needed       Buccinator       .051
Lower Yes No Molar Distalizers ACCO Shamey	Acrylic       Clasps       Wax Relief         Pink Tint       Adams       Arrow       Lower Anterior Lingual         Clear       Ball       Other       Lower Posterior Lingual         Lower Occlusal       Lower Occlusal
Twin BlockActivatorsStandard - Upper Midline ScrewLSULower McNamara designHamilton Expansion ActivatorMcNamara designStockli-TeuscherAdd lower exp screwTorquing Spring Labial BowStandard Type II - Upper andWoodside Open Face	Upper Anterior          Color(s)       Glitter(s)         Designer Series       Carve Brackets/Bands         Yes       No
Lower midline Screw     Headgear Tubes     .045     .051       Omit Midline Screw(s)	PLEASE SHIP EXTRA       APPLIANCE PROTECTION PLAN:         PRE-PAID BAGS       YES         SHIPPING BOXES       NO         PRESCRIPTION SHEETS       NO
Jackson Expander     Intrusion Appliances       Upper     Lower     Woodside Spring Intrusion Splint	White and Yellow: Laboratory Copy Pink: Doctor's Copy 001-210-Fil REV. H

## Laboratory Use Only

\_\_\_\_\_ MA MAC \_\_\_\_\_ FR \_\_\_\_\_ ACT .\_\_\_\_\_ BIO \_\_\_\_\_ SAS \_\_\_\_\_ SAT \_\_\_\_\_ AVC \_\_\_\_\_ ТΒ \_\_\_\_\_ AAC \_\_\_\_\_ AAC \_\_\_\_\_ AAC .\_\_\_\_\_

SHIP \_\_\_\_\_

RECEIVING SHIPPING

Open \_\_\_\_\_ Dept. √ \_\_\_\_\_

Dept. √ \_\_\_\_\_