

LAB USE ONLY

Breathe Easy™ 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 Ship Extra

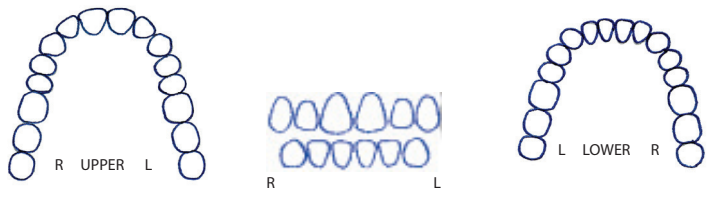
Pre-Paid Bags Shipping Boxes Prescription Sheets

Submitted scans digitally through:

Lythos iTero 3M Box Other _____

Special Instructions:

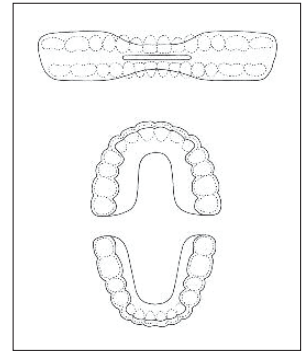
Breathe Easy Instructional Drawing



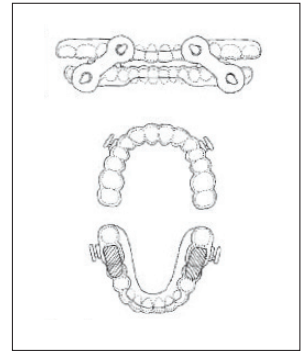
Allesee Orthodontic Appliances - 13931 Spring Street - Sturtevant, WI 53177
Phone 1-800-262-5221 - Fax 262-886-6879 - International 262-886-1050

1. Choose Options:

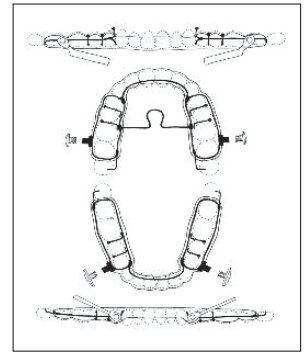
Breathe Easy™ - ASA
 Single piece appliance that engages both the upper and lower arches. Smooth hard out surface combined with soft retentive inner layer.
Note: Construction bite required.



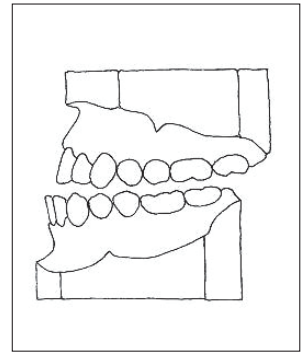
Breathe Easy™ - EMA
 Upper and lower appliances pressure formed and attached with removable elastic straps. A kit of straps in incremental lengths and firmness are returned with the appliance.
Note: Construction bite not required.



Breathe Easy™ - Herbst
 Upper and lower processed acrylic combined with Herbst appliance. Adjustable by using standard Herbst advancement spacers.
Note: Construction bite required.



Construction Bite Notes
 Illustration of construction bite relationship. Patients will vary based on individual needs. Remember to check the midline relationship. These appliances are not intended to correct midlines.



Appliance designs are fundamentally represented on this Rx form. Patients may require modifications to the designs based on individual specific needs.

Bite Registration Instructions

Checked and approved by Dr. - Use as is Checked by Dr. - Call if questions

For digital scans, please provide bite parameters:

Open Vertical _____ mm **Advance** _____ mm

Doctor Signature _____



Laboratory Use Only

SPL _____

WLSN _____

WOOD _____

GRUM _____

COLOR _____

AUX _____

AUX _____

POST _____