LAB USE ONLY

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 Ship Extra

☐ Pre-Paid Bags ☐ Shipping Boxes ☐ Prescription Sheets

Submitted scans digitally through:

☐ Lythos ☐ iTero ☐ 3M ☐ Box ☐ Other _____

Special Instructions

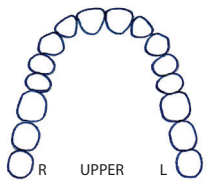
_____

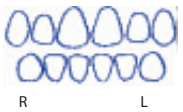
_____

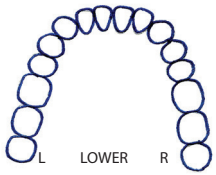
_____

_____

Instructional Drawing







APPLIANCE PROTECTION PLAN:
☐ YES
☐ NO

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

White and Yellow: Laboratory Copy Pink: Doctor's Copy 001-210-Fil Rev I

1. Choose Appliance and Options

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
Standard ☐ ☐
3-Way
One Screw ☐
Three Screws ☐ ☐ (1 midline + 2 anterior / 1 Midline + 2 posterior (circle one)
Class III ☐

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 andLower 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

2. Misc.

☐ **Wax Construction Bite Provided**
☐ Use as is
☐ Lab may modify if needed

Labial Bow
☐ Standard
☐ Buccinator

Headgear Tubes
☐ .045
☐ .051

Acrylic
☐ Pink Tint
☐ Clear

Clasps
☐ Adams ☐ Arrow
☐ Ball ☐ Other ____

Wax Relief
☐ Lower Anterior Lingual
☐ Lower Posterior Lingual
☐ Lower Occlusal
☐ Upper Anterior

☐ Color(s) _____
☐ Designer Series _____
☐ Glitter(s) _____
Carve Brackets/Bands ☐ Yes ☐ No

Doctor Signature _____

AOA

Laboratory Use Only

MA _____

MAC _____

FR _____

ACT _____

BIO _____

SAS _____

SAT _____

AVC _____

TB _____

AAC _____

AAC _____

AAC _____

_____

_____

_____

SHIP _____