

LAB USE ONLY

POSITIONER Rx BENCH, GHATHO & ROTH

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

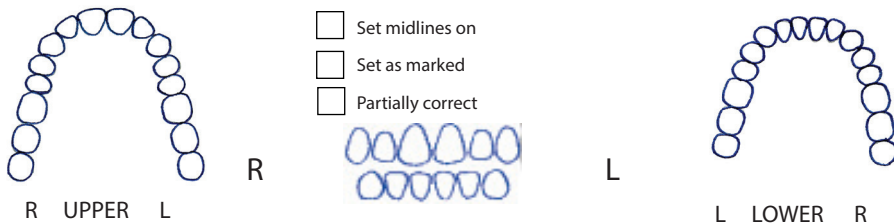
Pre-Paid Bags Shipping Boxes Prescription Sheets

Submitted scans digitally through:

Lythos iTero 3M Box Other _____

Special Instructions

PLEASE DIAGRAM SPECIAL INSTRUCTIONS



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

1. Set up

- Duplicate our Models
- Retain upper 1st molar bands
- Allow for lower/upper retainer
- Carve brackets and bands
- DO NOT CARVE BRACKETS & BANDS**
- PRE TREATMENT DIAGNOSTIC SET UP**
- DO NOT PROCESS SET UP**

Reset all Teeth Reset only Circled Teeth

R	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	L
	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	

Space Closure

- Close Completely
- Close as Feasible
- Leave Space Distal to _____
- Leave Space Between _____

Anterior Overbite

- Ideal 1-2 MM
- Maintain
- Set to _____ mm

Anterior Overjet

- Ideal
- Maintain
- Set to _____ mm

Anterior Root Torque

- | | |
|--|--|
| Upper | Lower |
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Maintain |
| <input type="checkbox"/> Lingual _____ | <input type="checkbox"/> Lingual _____ |
| <input type="checkbox"/> Labial _____ | <input type="checkbox"/> Labial _____ |

Occlusal Plane

- Maintain
- Flat
- Curve of Spee

Arch Width

- | | |
|------------------------------------|------------------------------------|
| Upper | Lower |
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Maintain |
| <input type="checkbox"/> Constrict | <input type="checkbox"/> Constrict |
| <input type="checkbox"/> Widen | <input type="checkbox"/> Widen |

2. Articulation

- Average bite opening
- Hinge Axis Tracing
- Gnathological Set-up
- Roth / Gordon Technique
- Sam Denar Panadent
- High Post Panadent Quick Split
- Other _____ Magnets

3. Material Options

Silicone - Thermal Cured

- PRO-Flex (medium clear)
- ImPak - Clear Acrylic rigid at room temperature.

Flexclear - Clear Vinyl

- Soft Medium
- Elast-Acryl - Slightly more flexible than ImPak.
(Pre-soften both with hot tap water prior to seating.)

Trimming Requirements

- | | |
|--|-----------------------------------|
| Height | Thickness |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Standard |
| <input type="checkbox"/> High | <input type="checkbox"/> Thick |
| <input type="checkbox"/> Short | <input type="checkbox"/> Thin |
| <input type="checkbox"/> Roth Style (short in posterior) | |

Options Available

- AirHoles - 3 or 5 (circle)
- Serrations

End Appliance Distal To

6 6	7 7	8 8
6 6	7 7	8 8

Location for Clasps

7 6 5 5 6 7	L
7 6 5 5 6 7	

- Ball Clasps

4. Roth Gordon/

C.R. Registration

- Two Piece Power
- Other _____

Facebow Transfer

- Estimated
- True Hinge

Side Shift

Right _____ Left _____
 Angle of Eminence _____
 Right _____ Left _____

Doctor Signature _____

Laboratory Use Only

POS STD _____

SU PSU _____

DUP AUX _____

IMP AUX _____

DEB AUX _____

WAX AUX _____

HAT PSU _____

BALL AUX _____

TQ AUX _____

MT AUX _____

SER AUX _____

SPL _____

POSTAGE _____