

LAB USE ONLY

Metal 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

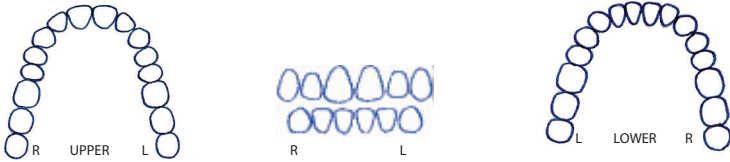
Submitted scans digitally through:

- Lythos iTero 3M Box Other _____

(Submit digital Rx to: digital.services@aolab.com)

Special Instructions:

Metal Instructional Drawings



1. Lateral Expansion Device

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Removable | <input type="checkbox"/> Removable |
| <input type="checkbox"/> Quad Helix | <input type="checkbox"/> Quad Helix |
| <input type="checkbox"/> Bi-Helix | <input type="checkbox"/> Bi-Helix |
| <input type="checkbox"/> Porter | <input type="checkbox"/> Frozat |
| <input type="checkbox"/> W-Arch | |

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

2. Rapid Palatal Expander

- | | | |
|--------------------------------|---|--|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Arnold/E-Arch | <input type="checkbox"/> Lower |
| 2 Arm | 4 Arm | <input type="checkbox"/> Standard |
| <input type="checkbox"/> Mini | <input type="checkbox"/> Standard | <input type="checkbox"/> Ratchet |
| <input type="checkbox"/> RES | <input type="checkbox"/> Ratchet | <input type="checkbox"/> with whips |
| | <input type="checkbox"/> Haas | <input type="checkbox"/> without whips |
| | <input type="checkbox"/> Fan Expander | <input type="checkbox"/> Arnold |
| | <input type="checkbox"/> Acrylic Bonded | |

3. Distalizing & Expansion Appliances

- Hilgers Pendulum - no expansion screw
- Hilgers Pendex - expansion screw
- Hilgers T-Rex expansion screw & locking wires
- Hilgers Phd - all metal framework for expansion & distalization
- Tracey / Hilgers MDA - all metal designed with AOA Mini RPE
- Mayes Penguin - removable TMA springs for distalization
- _____

4. Habit Appliance

- | | |
|--|---|
| <input type="checkbox"/> Vertical Crib (send counter model) | <input type="checkbox"/> Bluegrass Tongue Trainer |
| <input type="checkbox"/> Palatal Crib (not vertical) | <input type="checkbox"/> Hayrake - Palatal with spurs |
| <input type="checkbox"/> Combination Crib (palatal and vertical) | |

5. Space Maintainers

- | | |
|--|---|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Removable | <input type="checkbox"/> Removable |
| <input type="checkbox"/> Adjustment Loops | <input type="checkbox"/> Adjustment Loops |
| <input type="checkbox"/> Lingual Arch | <input type="checkbox"/> Lingual Arch |
| <input type="checkbox"/> TPA - Palatal bow | <input type="checkbox"/> Band and Loop |
| <input type="checkbox"/> Nance Button | |
| <input type="checkbox"/> Band and Loop | |

6. Fixed Retainers

- Kiddy Partial - Pontic Shade _____
- E-Z Bond Retainer
- Mesh Pad Bonded - pads on cuspids
- Composite pads on all anteriors
- M.C.L.R. (Krause) indicate mesh pads on diagram
- Include Transfer Tray

Acrylic Colors

- Clear Pink Tint
 Colors _____

7. Metal Accessories

- | | |
|--|--|
| <input type="checkbox"/> Arch Wire Tubes _____Size | |
| <input type="checkbox"/> Face Mask Hooks | |
| <input type="checkbox"/> Whip Springs | <input type="checkbox"/> Rests |
| <input type="checkbox"/> Bicuspid Brackets | <input type="checkbox"/> Buccal De-bonding loops |
| <input type="checkbox"/> Extensions to the _____ | <input type="checkbox"/> Headgear tubes |

Doctor Signature _____



Laboratory Use Only

FE _____

LED _____

HAB _____

SPM _____

SPR _____

HIL _____

TR _____

WIL _____

MAC _____

MAC _____

AAC _____

AAC _____

SHIP _____