

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](mailto:digital.services@aolab.com))**

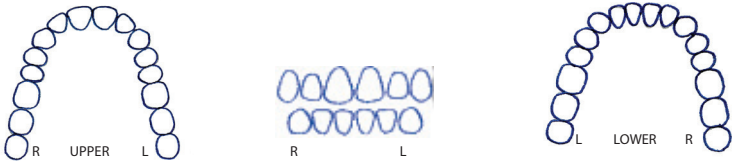
**Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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         |
| <input type="checkbox"/> 2 Arm | <input type="checkbox"/> 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 \_\_\_\_\_

