

LAB USE ONLY

Jet Appliance 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

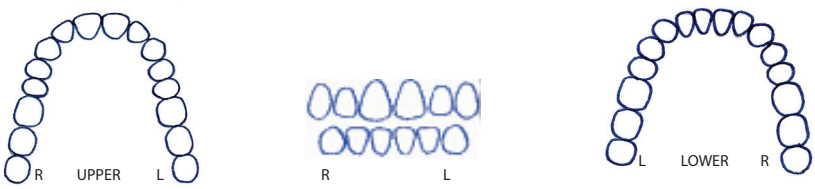
Submitted scans digitally through:

- Lythos iTero 3M Box Other _____

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

Special Instructions:

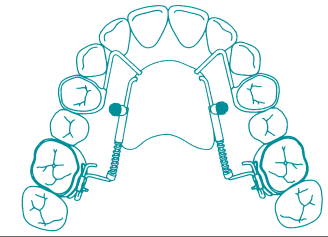
Jet Instructional Drawing



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

1. Distal Jets

- Distal Jet™ Molar Distalizer Mambo Sure-Lock System
 Upper Lower Bowman Modification
 Unilateral Right Left Bowman Horseshoe - without Acrylic
 Bilateral
 Add Expansion Screw
 Add Habit Crib
 Add Arch Wire Tubes .018 .022
 Bands 1st Bi 2nd Bi
 Rests 1st Bi 2nd Bi



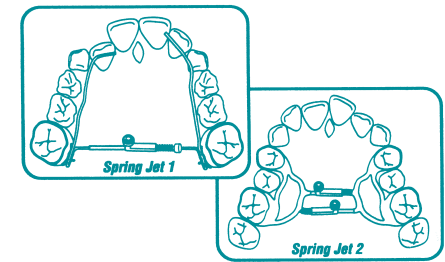
Acrylic Color
 Standard Pink Tint
 Color _____

Check box if using TAD's with Jet Appliance
 Draw TAD position on model and include appliance attachment to TAD on diagram

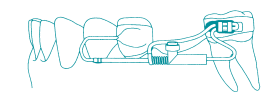
2. Spring Jets

- Spring Jet I - Slow Expansion
 Upper Lower
 Mambo Sure-Lock System

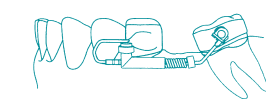
 Spring Jet II - Fast Expansion
 Two NiTi springs with Activation Locks
 Upper
 Mambo Sure-Lock System



Mesial Jet



Lower Molar Uprighter



Doctor Signature _____

