

LAB USE ONLY

Herbst™ 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

Shipping Boxes Prescription Sheets

Submitted scans digitally through:

Lythos iTero 3Shape Midmark Other _____

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

Special Instructions:

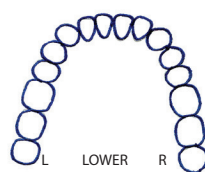
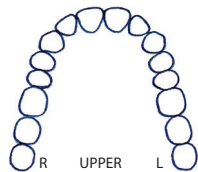
Band Information:

Bands are enclosed

AOA to provide bands

Bands sent to AOA separately

Herbst 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. Herbst Framework Designs*

- AdvanSync™ 2 Class II Molar to Molar "Dischinger Design"
(Ormco 2/3 crowns, upper & lower archwire tubes)
- Type I
(cantilever - upper & lower archwire tubes, lingual arch & rests)
- Type II
(lower bicuspid crowns, upper & lower archwire tubes, lingual arch)
- Molar Protraction
(upper & lower archwire tubes, lingual arch, sq wire/tube)
- Acrylic Design (includes wire framework Upper Lower

* Custom designs are not limited to above options. Please describe in notes area.

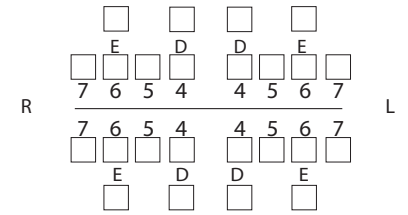
2. Crown and Band Options

- | | |
|--|---|
| <p>CROWNS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full Crown <input type="checkbox"/> 2/3 Crown | <p>BANDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rollo® Band <input type="checkbox"/> UltiMAX Band |
|--|---|

Crown Adjustments

- Horizontal slits
- Vertical slits
- Standard Hole

**PLEASE DIAGRAM
Seat Crown / Bands**

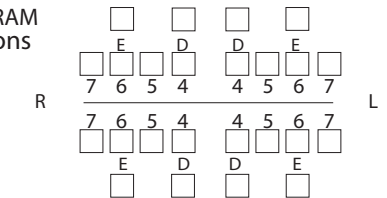


For Crown/Band options where size is in between choose Larger or Smaller

3. Accessories

- RPE'S**
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 2 Arm | <input type="checkbox"/> Lingual Arch |
| <input type="checkbox"/> AOA Mini | <input type="checkbox"/> Fixed |
| <input type="checkbox"/> Ratchet
<small>(Anti-Turn back Screw)</small> | <input type="checkbox"/> Removable |
| <input type="checkbox"/> 4 Arm | <input type="checkbox"/> TPA |
| <input type="checkbox"/> AOA Std. | <input type="checkbox"/> Fixed |
| <input type="checkbox"/> Ratchet
<small>(Anti-Turn back Screw)</small> | <input type="checkbox"/> Removable |

**PLEASE DIAGRAM
Rest Locations**



Archwire Tubes, size _____

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Extended Anteriorly | <input type="checkbox"/> Occlusal |
| | <input type="checkbox"/> Gingival |

4. Mechanism and Spacer Options

- | | | | | | |
|---|---|--|---|---|---|
| <p>MECHANISMS</p> <ul style="list-style-type: none"> <input type="checkbox"/> AdvanSync™ 2 Molar to Molar <input type="checkbox"/> Screw Extenders (pack of 2) <input type="checkbox"/> Ormco Rod & Tube Design <input type="checkbox"/> Telescoping <input type="checkbox"/> AppleCore® Screws <input type="checkbox"/> Hex Head <input type="checkbox"/> Hanks Telescoping® <input type="checkbox"/> FlipLock® | <p>SPACERS</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>AdvanSync™ 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm </td> <td style="vertical-align: top;"> <p>Ormco Hex /Fliplock</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> 5mm </td> <td style="vertical-align: top;"> <p>Hanks</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm </td> <td style="vertical-align: top;"> <p>Telescoping</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm </td> </tr> </table> | <p>AdvanSync™ 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm | <p>Ormco Hex /Fliplock</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> 5mm | <p>Hanks</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm | <p>Telescoping</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm |
| <p>AdvanSync™ 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm | <p>Ormco Hex /Fliplock</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> 5mm | <p>Hanks</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm | <p>Telescoping</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm | | |
| | <input type="checkbox"/> Comfort Caps | | | | |

Doctor Signature _____

