

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**

- Shipping Boxes     Prescription Sheets

**Submitted scans digitally through:**

- Medit     iTero     3Shape     Midmark     Other \_\_\_\_\_

**(Submit digital Rx to: [digital.services@aolab.com](mailto:digital.services@aolab.com))**

**Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

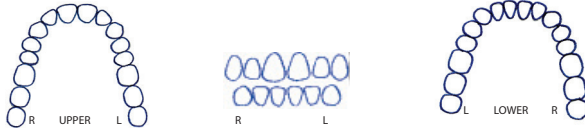
**Band Information:**

Bands are enclosed

AOA to provide bands

Bands sent to AOA separately

**Metal Instructional Drawings**



**1. Lateral Expansion Device**

- |  |  |
|--|--|
| <input type="checkbox"/> Upper                         | <input type="checkbox"/> Lower                         |
| <input type="checkbox"/> Removable (LED406, MAC205 ea) | <input type="checkbox"/> Removable (LED406, MAC205 ea) |
| <input type="checkbox"/> Quad Helix (LED404, 405)      | <input type="checkbox"/> Quad Helix (LED404, 405)      |
| <input type="checkbox"/> Bi-Helix (LED405, 402)        | <input type="checkbox"/> Bi-Helix (LED402)             |
| <input type="checkbox"/> Porter (LED400)               | <input type="checkbox"/> Frozat (LED401)               |
| <input type="checkbox"/> W-Arch (LED403)               |  |

**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 (FE400)   | <input type="checkbox"/> Lower                  |
| <b>2 Arm</b>                          | <b>4 Arm</b>                                     | <input type="checkbox"/> Standard (FE404)       |
| <input type="checkbox"/> Mini (FE403) | <input type="checkbox"/> Standard (FE402)        | <input type="checkbox"/> Ratchet                |
| <input type="checkbox"/> RES (FE406)  | <input type="checkbox"/> Ratchet (FE407)         | <input type="checkbox"/> with whips (MAC313 ea) |
|                                       | <input type="checkbox"/> Haas (FE408)            | <input type="checkbox"/> without whips          |
|                                       | <input type="checkbox"/> Fan Expander (FE412)    |   |
|                                       | <input type="checkbox"/> Acrylic Bonded (MAC414) | <input type="checkbox"/> Arnold (FE400)         |

**3. Distalizing & Expansion Appliances**

- Hilgers Pendulum - no expansion screw (HIL400)
- Hilgers Pendex - expansion screw (HIL401)
- Hilgers T-Rex expansion screw & locking wires (HIL402)
- Hilgers Phd - all metal framework for expansion & distalization (HIL403)
- Tracey / Hilgers MDA - all metal designed with AOA Mini RPE (HIL404)
- Mayes Penguin - removable TMA springs for distalization (HIL405)
- \_\_\_\_\_

**4. Habit Appliance**

- |   |  |
|---|--|
| <input type="checkbox"/> Vertical Crib (send counter model) (HAB403)      | <input type="checkbox"/> Bluegrass Tongue Trainer (HAB401)     |
| <input type="checkbox"/> Palatal Crib (not vertical) (HAB404)             | <input type="checkbox"/> Hayrake - Palatal with spurs (HAB406) |
| <input type="checkbox"/> Combination Crib (palatal and vertical) (HAB405) |  |

**5. Space Maintainers**

- |   |   |
|---|---|
| <input type="checkbox"/> Upper                                      | <input type="checkbox"/> Lower                                      |
| <input type="checkbox"/> Removable (MAC205 ea)                      | <input type="checkbox"/> Removable (MAC205 ea)                      |
| <input type="checkbox"/> Adjustment Loops (MAC 300 ea)              | <input type="checkbox"/> Adjustment Loops (MAC300 ea)               |
| <input type="checkbox"/> Lingual Arch (SPM404)                      | <input type="checkbox"/> Lingual Arch (SPM404)                      |
| <input type="checkbox"/> TPA - Palatal bow (SPM414)                 | <input type="checkbox"/> Band and Loop (SPM406)                     |
| <input type="checkbox"/> Nance Button (SPM405)                      | <input type="checkbox"/> Maryland Bridge (TR402) Pontic Shade _____ |
| <input type="checkbox"/> Band and Loop (SPM406)                     |   |
| <input type="checkbox"/> Maryland Bridge (TR402) Pontic Shade _____ |   |

**6. Fixed Retainers**

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Upper  | <input type="checkbox"/> Lower |
| <input type="checkbox"/> E-Z Bond Retainer (SPM412)                                   |                                |
| <input type="checkbox"/> Mesh Pad Bonded - pads on cuspids (SPM403)                   |                                |
| <input type="checkbox"/> Composite pads on all anteriors (SPM408, 409, 410)           |                                |
| <input type="checkbox"/> M.C.L.R. (Krause) indicate mesh pads on diagram (SPM400 x 2) |                                |
| <input type="checkbox"/> Include Transfer Tray (SPM401)                               |                                |
| <input type="checkbox"/> Kiddy Partial (TR400) - Pontic Shade _____                   |                                |

**Acrylic Colors**

- Clear     Pink Tint
- Colors \_\_\_\_\_

**7. Metal Accessories**

- |  |  |
|--|--|
| <input type="checkbox"/> Arch Wire Tubes _____Size (MAC205 ea) | <input type="checkbox"/> Seating or DeBonding Lugs (MAC108 ea) |
| <input type="checkbox"/> Face Mask Hooks (MAC307 ea)           | <input type="checkbox"/> Rests (MAC302 ea)                     |
| <input type="checkbox"/> Whip Springs (MAC313 ea)              | <input type="checkbox"/> Buccal De-bonding (loops) (MAC306 ea) |
| <input type="checkbox"/> Bicuspid Brackets (MAC205 ea)         | <input type="checkbox"/> Headgear tubes (MAC205 ea)            |
| <input type="checkbox"/> Extensions to the _____ (MAC303 ea)   |  |

Doctor Signature \_\_\_\_\_

