



COMMUNICATION CENTER

AOA Wisconsin Phone: 1-800-262-5221
 13931 Spring Street Fax: 262-886-6879
 Sturtevant, WI 53177 International: 262-886-1050

RAPID PALATAL EXPANDER

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

QUAD HELIX APPLIANCE

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Fixed | <input type="checkbox"/> Removable |
| <input type="checkbox"/> Bi-Helix | <input type="checkbox"/> Quad |

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
- _____

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) | |

METAL ACCESSORIES

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

METAL Rx

Dr. _____ Acct # _____

Address _____

City, State, Zip _____

Patient _____

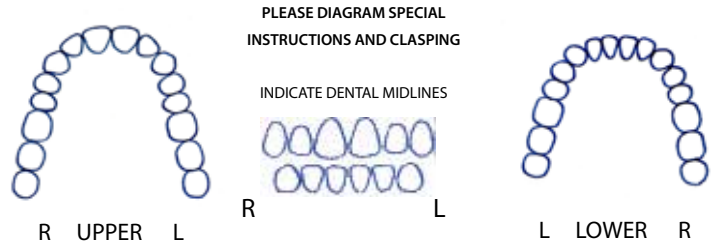
Tel # _____ Fax # _____

E-Mail _____

Shipped _____ Placement Date _____
 (PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)

NOTES: _____

METAL INSTRUCTIONAL DRAWINGS



SPACE MAINTAINERS

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

FIXED RETAINERS

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

ACRYLIC COLORS

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Pink Tint |
| <input type="checkbox"/> Colors _____ | |

Please Ship Extra

- Pre-Paid Bags
- Shipping Boxes
- Prescription Sheets

Laboratory Use Only

FE _____

LED _____

HAB _____

SPM _____

SPR _____

HIL _____

TR _____

WIL _____

MAC _____

MAC _____

AAC _____

AAC _____

SHIP _____

RECEIVING

OPEN _____

ID _____

DATE _____

ENTER _____

PULL _____

SHIPPING

PULL _____

LAYOUT _____

PACK _____

SHIP _____

CHECK _____