


## 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"/> Arnold/E-Arch <b>2 Arm</b> <input type="checkbox"/> Mini <input type="checkbox"/> RES	<input type="checkbox"/> Lower <input type="checkbox"/> Standard <input type="checkbox"/> Ratchet <input type="checkbox"/> with whips <input type="checkbox"/> without whips  <input type="checkbox"/> Arnold
<b>4 Arm</b> <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 \_\_\_\_\_

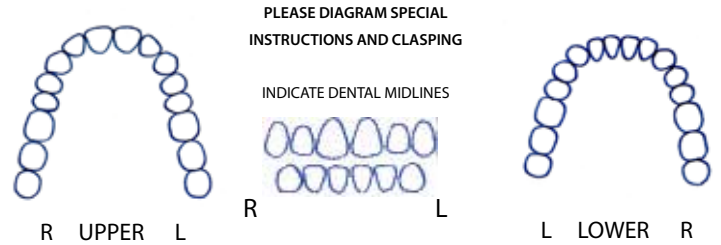
Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

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
- Composite 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 \_\_\_\_\_

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SHIP \_\_\_\_\_

**RECEIVING**

**SHIPPING**

Open \_\_\_\_\_

Dept. √ \_\_\_\_\_

Dept. √ \_\_\_\_\_