

**Removable Functional 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:**

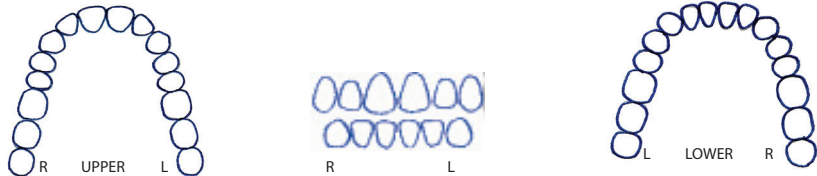
Lythos  iTero  3Shape  Midmark  Other \_\_\_\_\_

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

**Special Instructions**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Instructional Drawing**



APPLIANCE PROTECTION PLAN:  
 YES  
 NO

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

**1. Choose Appliance and Options**

<b>Bionator</b>	<b>Orthopedic Corrector</b>	<b>Schwarz Plate</b>
<input type="checkbox"/> To Open	<input type="checkbox"/> To Open	<input type="checkbox"/> Upper <input type="checkbox"/> Fan screw
<input type="checkbox"/> To Close	<input type="checkbox"/> To Close	<input type="checkbox"/> Nord Design
<input type="checkbox"/> To Maintain	<input type="checkbox"/> To Maintain	<input type="checkbox"/> Lower
<input type="checkbox"/> Sondhi Modification	<b>Midline Screw</b>	<b>Occlusal Coverage</b>
<b>Midline Screw</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upper <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No		Lower <input type="checkbox"/> Yes <input type="checkbox"/> No

**Frankel**  
 FR I  FR II  FR III  FR IV  
 Alternate Relief Rt \_\_\_\_\_ Lt \_\_\_\_\_  
 Standard Model Prep.  Do Not Prep Models  
 Lower Molar Rests  Advancement Screws  
 Disc Teeth Distal c's and Distal e's

**Sagittal Plate** Upper Lower  
 Standard    
 3-Way  
 One Screw   
 Three Screws   (1 midline + 2 anterior / 1 Midline + 2 posterior (circle one))  
 Class III

**Occlusal Coverage**  
 Upper  Yes  No  
 Lower  Yes  No

**Molar Distalizers**  
 ACCO  Shamey

**Twin Block**  
 Standard - Upper Midline Screw  
 Lower McNamara design  
 McNamara design  
 Add lower exp screw  
 Standard Type II - Upper and Lower midline screw  
 Omit Midline Screw(s)

**Activators**  
 LSU  
 Hamilton Expansion Activator  
 Stockli-Teuscher  
 Torquing Spring  Labial Bow  
 Woodside Open Face  
 Headgear Tubes  .045  .051

**Jackson Expander**  Upper  Lower  
**Intrusion Appliances**  Woodside Spring Intrusion Splint

**2. Misc.**

<input type="checkbox"/> Wax Construction Bite Provided	<b>Labial Bow</b>	<b>Headgear Tubes</b>
<input type="checkbox"/> Use as is	<input type="checkbox"/> Standard	<input type="checkbox"/> .045
<input type="checkbox"/> Lab may modify if needed	<input type="checkbox"/> Buccinator	<input type="checkbox"/> .051
<b>Acrylic</b>	<b>Clasps</b>	<b>Wax Relief</b>
<input type="checkbox"/> Pink Tint	<input type="checkbox"/> Adams <input type="checkbox"/> Arrow	<input type="checkbox"/> Lower Anterior Lingual
<input type="checkbox"/> Clear	<input type="checkbox"/> Ball <input type="checkbox"/> Other _____	<input type="checkbox"/> Lower Posterior Lingual
		<input type="checkbox"/> Lower Occlusal
		<input type="checkbox"/> Upper Anterior
<input type="checkbox"/> Color(s) _____		<input type="checkbox"/> Glitter(s) _____
<input type="checkbox"/> Designer Series _____	Carve Brackets/Bands	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

