

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

- Pre-Paid Bags Shipping Boxes Prescription Sheets

Submitted scans digitally through:

- Lythos iTero 3M Box Other _____

Special Instructions:

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.

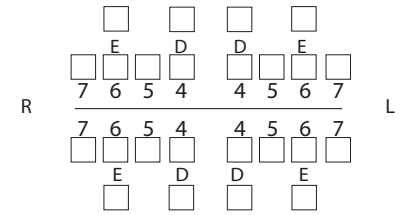
2. Crown and Band Options

- | | |
|-------------------------------------|---------------------------------------|
| CROWNS | BANDS |
| <input type="checkbox"/> Full Crown | <input type="checkbox"/> Rollo® Band |
| <input type="checkbox"/> 2/3 Crown | <input type="checkbox"/> UltiMAX Band |

Crown Adjustments

- Horizontal slits
- Vertical slits
- Standard Hole

**PLEASE DIAGRAM
 Seat Crown / Bands**

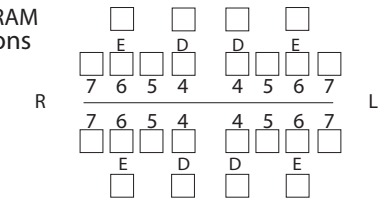


For Crown/Band options where size is in between choose Larger or Smaller

3. Accessories

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

- | | | | |
|--|------------------------------|---------------------------------------|------------------------------|
| MECHANISMS | SPACERS | | |
| <input type="checkbox"/> AdvanSync™ 2 Molar to Molar | AdvanSync™ 2 | Ormco Hex /Fliplock | Mini-Scope /Hanks |
| <input type="checkbox"/> Screw Extenders (pack of 2) | <input type="checkbox"/> 1mm | <input type="checkbox"/> 1mm | <input type="checkbox"/> 1mm |
| <input type="checkbox"/> Ormco Rod & Tube Design | <input type="checkbox"/> 2mm | <input type="checkbox"/> 2mm | <input type="checkbox"/> 2mm |
| <input type="checkbox"/> Mini-Scope™ | <input type="checkbox"/> 4mm | <input type="checkbox"/> 3mm | <input type="checkbox"/> 3mm |
| <input type="checkbox"/> AppleCore® Screws | | <input type="checkbox"/> 4mm | |
| <input type="checkbox"/> Hex Head | | <input type="checkbox"/> 5mm | |
| <input type="checkbox"/> Hanks Telescoping® | | | |
| <input type="checkbox"/> FlipLock® | | <input type="checkbox"/> Comfort Caps | |

Doctor Signature _____



Laboratory Use Only

HER _____

HER _____

MAC _____

MAC _____

MAC _____

MAC _____

SHIP _____