

LAB USE ONLY

Jet Appliance 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

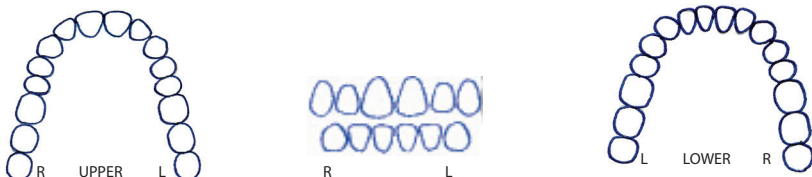
Pre-Paid Bags
 Shipping Boxes
 Prescription Sheets

Submitted scans digitally through:

Lythos
 iTero
 3M
 Box
 Other _____

Special Instructions:

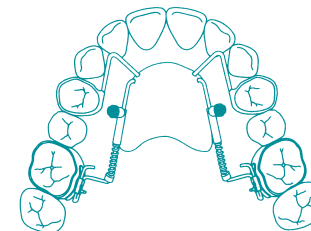
Jet Instructional Drawing



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

1. Distal Jets

Distal Jet™ Molar Distalizer
 Mambo Sure-Lock System
 Upper Lower
 Bowman Modification
 Unilateral Right Left
 Bowman Horseshoe - without Acrylic
 Bilateral
 Add Expansion Screw
 Add Habit Crib
 Add Arch Wire Tubes .018 .022
 Bands 1st Bi 2nd Bi
 Rests 1st Bi 2nd Bi



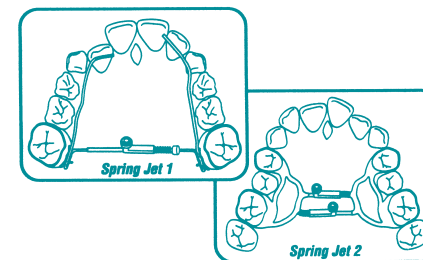
Acrylic Color
 Standard Pink Tint
 Color _____

Check box if using TAD's with Jet Appliance
 Draw TAD position on model and include appliance attachment to TAD on diagram

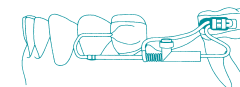
2. Spring Jets

Spring Jet I - Slow Expansion
 Upper Lower
 Mambo Sure-Lock System

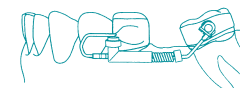
 Spring Jet II - Fast Expansion
 Two NiTi springs with Activation Locks
 Upper
 Mambo Sure-Lock System



Mesial Jet



Lower Molar Uprighter



Doctor Signature _____



Laboratory Use Only

DJ _____

DJ _____

MAC _____

MAC _____

MAC _____

ACRY _____

AAC _____

AAC _____

AAC _____

SHIP _____