

LAB USE ONLY

MARA™ 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

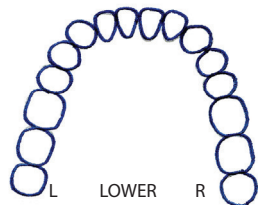
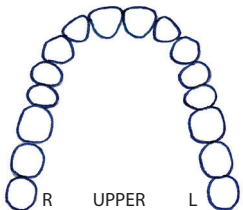
Submitted scans digitally through:

Lythos iTero 3M Box Other _____

(Submit digital Rx to: digital.services@aolab.com)

Special Instructions:

MARA Instructional Drawings







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

1. MARA™ "Mandibular Anterior Repositioning Appliance"
(Ormco crowns, upper & lower .022 archwire tubes, lingual arch)

* Custom designs are available by checking the optional boxes below.

2. Crown and Band Options

2/3 Crown  Rollo™ Band 
 Full Crown  UltiMAX™ Band 

Crown Options

3 mm Vent Hole E D D E
 Vertical slits 7 6 5 4 4 5 6 7
 Horizontal slits R 7 6 5 4 4 5 6 7 L

Seat Crown / Bands
PLEASE DIAGRAM

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

3. Accessories

2 Arm RPE TPA
 AOA Mini Fixed
 Ratchet
(Anti-Turn back Screw)
 4 Arm RPE Lingual Arch
 AOA Std. Fixed
 Ratchet
(Anti-Turn back Screw)

Rests
PLEASE DIAGRAM

E D D E
 7 6 5 4 4 5 6 7
R 7 6 5 4 4 5 6 7 L
 E D D E

Archwire Tubes, size _____
(Standard Size - .022)

4. Additional Parts and Spacers

SPACERS (pack of 10) 1mm 2mm 3mm 4mm
 MARA™ torquing tool
 MARA™ Accessory Package
ELBOWS (insert quantity in box)
 Upper Left Upper Right
 Standard 10 mm Standard 10 mm
 Short 7 mm Short 7 mm

Doctor Signature _____



Laboratory Use Only

MA _____

MA _____

MA _____

MA _____

MA _____

MAC _____

MAC _____

MAC _____

MAC _____

MAC _____

SHIP _____