

**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**

Pre-Paid Bags  Shipping Boxes  Prescription Sheets

**Submitted scans digitally through:**

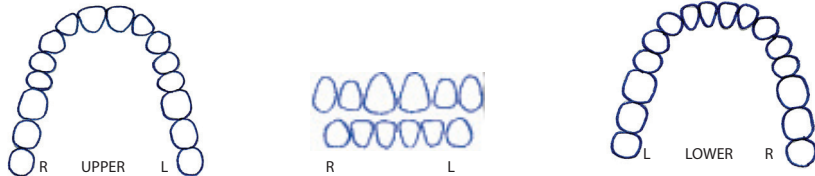
Lythos  iTero  3M  Box  Other \_\_\_\_\_

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

**Wax Construction Bite Provided**

Use as is  
 Lab may modify if needed

**Labial Bow Headgear Tubes**

Standard  .045  
 Buccinator  .051

**Acrylic**

Pink Tint  Adams  Arrow  
 Clear  Ball  Other \_\_\_\_\_

**Clasps**

**Wax Relief**

Lower Anterior Lingual  
 Lower Posterior Lingual  
 Lower Occlusal  
 Upper Anterior

Color(s) \_\_\_\_\_  
 Designer Series \_\_\_\_\_  
 Glitter(s) \_\_\_\_\_  
 Carve Brackets/Bands  Yes  No

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

