

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 \_\_\_\_\_

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

**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.

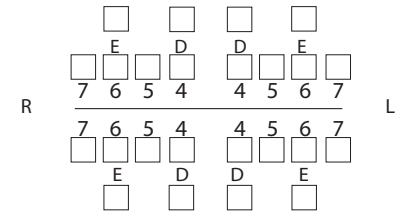
**2. Crown and Band Options**

- |  |   |
|--|---|
| <p><b>CROWNS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Full Crown</li> <li><input type="checkbox"/> 2/3 Crown</li> </ul> | <p><b>BANDS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rollo® Band</li> <li><input type="checkbox"/> UltiMAX Band</li> </ul> |
|--|---|

**Crown Adjustments**

- Horizontal slits
- Vertical slits
- Standard Hole

**PLEASE DIAGRAM**  
Seat Crown / Bands

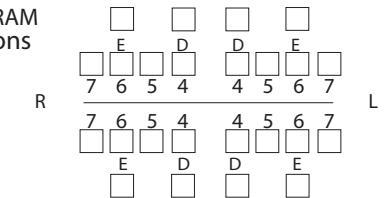


**For Crown/Band options where size is in between choose  Larger or  Smaller**

**3. Accessories**

- |  |   |   |
|--|---|---|
| <p><b>RPE'S</b></p> <p>2 Arm</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AOA Mini</li> <li><input type="checkbox"/> Ratchet<br/><small>(Anti-Turn back Screw)</small></li> <li>4 Arm</li> <li><input type="checkbox"/> AOA Std.</li> <li><input type="checkbox"/> Ratchet<br/><small>(Anti-Turn back Screw)</small></li> </ul> | <p>Lingual Arch</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fixed</li> <li><input type="checkbox"/> Removable</li> <li>TPA</li> <li><input type="checkbox"/> Fixed</li> <li><input type="checkbox"/> Removable</li> </ul> | <p>Archwire Tubes, size _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Upper <input type="checkbox"/> Lower</li> <li><input type="checkbox"/> Extended Anteriorly</li> <li><input type="checkbox"/> Occlusal</li> <li><input type="checkbox"/> Gingival</li> </ul> |
|--|---|---|

**PLEASE DIAGRAM**  
Rest Locations



**4. Mechanism and Spacer Options**

- |   |   |  |   |   |   |
|---|---|--|---|---|---|
| <p><b>MECHANISMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AdvanSync™ 2 Molar to Molar</li> <li><input type="checkbox"/> Screw Extenders (pack of 2)</li> <li><input type="checkbox"/> Ormco Rod &amp; Tube Design</li> <li><input type="checkbox"/> Telescoping</li> <li><input type="checkbox"/> AppleCore® Screws</li> <li><input type="checkbox"/> Hex Head</li> <li><input type="checkbox"/> Hanks Telescoping®</li> <li><input type="checkbox"/> FlipLock®</li> </ul> | <p><b>SPACERS</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>AdvanSync™ 2</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1mm</li> <li><input type="checkbox"/> 2mm</li> <li><input type="checkbox"/> 4mm</li> </ul> </td> <td style="vertical-align: top;"> <p>Ormco Hex /Fliplock</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1mm</li> <li><input type="checkbox"/> 2mm</li> <li><input type="checkbox"/> 3mm</li> <li><input type="checkbox"/> 4mm</li> <li><input type="checkbox"/> 5mm</li> </ul> </td> <td style="vertical-align: top;"> <p>Hanks</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1mm</li> <li><input type="checkbox"/> 2mm</li> <li><input type="checkbox"/> 3mm</li> </ul> </td> <td style="vertical-align: top;"> <p>Telescoping</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1mm</li> <li><input type="checkbox"/> 2mm</li> <li><input type="checkbox"/> 3mm</li> <li><input type="checkbox"/> 4mm</li> </ul> </td> </tr> </table> | <p>AdvanSync™ 2</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1mm</li> <li><input type="checkbox"/> 2mm</li> <li><input type="checkbox"/> 4mm</li> </ul> | <p>Ormco Hex /Fliplock</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1mm</li> <li><input type="checkbox"/> 2mm</li> <li><input type="checkbox"/> 3mm</li> <li><input type="checkbox"/> 4mm</li> <li><input type="checkbox"/> 5mm</li> </ul> | <p>Hanks</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1mm</li> <li><input type="checkbox"/> 2mm</li> <li><input type="checkbox"/> 3mm</li> </ul> | <p>Telescoping</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1mm</li> <li><input type="checkbox"/> 2mm</li> <li><input type="checkbox"/> 3mm</li> <li><input type="checkbox"/> 4mm</li> </ul> |
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Doctor Signature \_\_\_\_\_

