

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

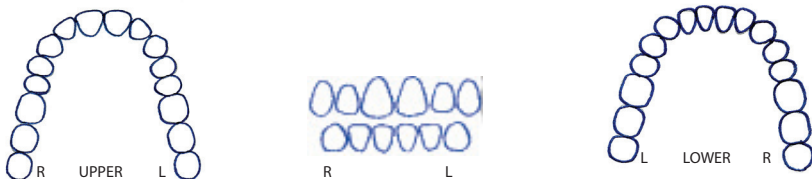
Submitted scans digitally through:

Lythos iTero 3M Box Other _____

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

Special Instructions:

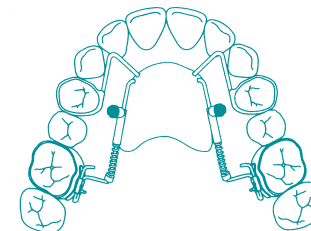
Jet Instructional Drawing



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

1. 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



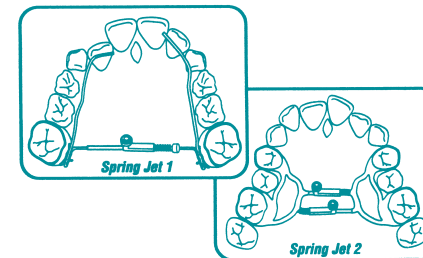
Acrylic Color
 Standard Pink Tint
 Color _____

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

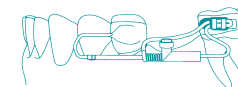
2. Spring Jets

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

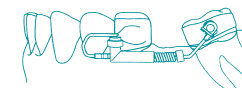
- Spring Jet II - Fast Expansion
- Two NiTi springs with Activation Locks
 - Upper
 - Mambo Sure-Lock System



Mesial Jet



Lower Molar Uprighter



Doctor Signature _____