

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

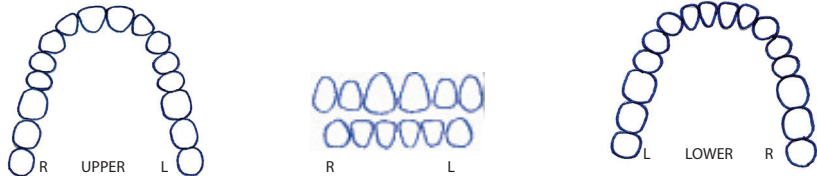
Submitted scans digitally through:

Lythos iTero 3M Box Other _____

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

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

Bionator	Orthopedic Corrector	Schwarz Plate
<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	Midline Screw	Occlusal Coverage
Midline Screw	<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.

<input type="checkbox"/> Wax Construction Bite Provided	Labial Bow	Headgear Tubes
<input type="checkbox"/> Use as is	<input type="checkbox"/> Standard	<input type="checkbox"/> .045
<input type="checkbox"/> Lab may modify if needed	<input type="checkbox"/> Buccinator	<input type="checkbox"/> .051
Acrylic	Clasps	Wax Relief
<input type="checkbox"/> Pink Tint	<input type="checkbox"/> Adams <input type="checkbox"/> Arrow	<input type="checkbox"/> Lower Anterior Lingual
<input type="checkbox"/> Clear	<input type="checkbox"/> Ball <input type="checkbox"/> Other _____	<input type="checkbox"/> Lower Posterior Lingual
		<input type="checkbox"/> Lower Occlusal
		<input type="checkbox"/> Upper Anterior
<input type="checkbox"/> Color(s) _____		<input type="checkbox"/> Glitter(s) _____
<input type="checkbox"/> Designer Series _____	Carve Brackets/Bands	<input type="checkbox"/> Yes <input type="checkbox"/> No

Doctor Signature _____

