

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ DATE NEEDED* _____

**Date needed should be at least 1 day before appointment date.*
 APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

DIGITAL SCAN TAKEN WITH:
 iTero® Carestream CEREC

 TRIOS® Medit Other _____

HERBST DESIGNS

- Standard Herbst®
- Cantilever Herbst®
- Space Closing Herbst®
- Band or Crown Upper/Acrylic Lower
- Band/Crown Combination

HERBST MECHANISMS

- M4™ MiniScope® (4-part)
- Specialty MiniScope® (3-part)
- AppleCore® Screws
- Standard Herbst® Mechanism
- HTH Telescope Mechanism
- Flip-Lock® Mechanism
- Advancement Shims _____mm _____qty
- MIO Measurement _____mm

BITE RELATIONSHIP

- Use enclosed wax bite for AP
- Use lines on models for AP
- Position for Class I Molars
- Position anteriors edge to edge
- Advance _____mm

EXPANSION OPTIONS

- | | U | L |
|-------------------|--------------------------|--------------------------|
| 12mm RPE Screw | <input type="checkbox"/> | <input type="checkbox"/> |
| Mini-Expander | <input type="checkbox"/> | <input type="checkbox"/> |
| Click Screw | <input type="checkbox"/> | <input type="checkbox"/> |
| Other type: _____ | | |

ACCESSORIES
WIRE

- Lingual Arch: Lower
- Transpalatal Arch
- Quad Helix: Upper

RESTS

- 2nd Molar Rests Upper Lower
- Ball Clasps .032 Wire .036 Wire

ARCHWIRE TUBES

- AW Tubes: Upper .018 .022
- Extend AWT to 2nd bicuspid
- AW Tubes: Lower .018 .022
- Occlusal Center Gingival

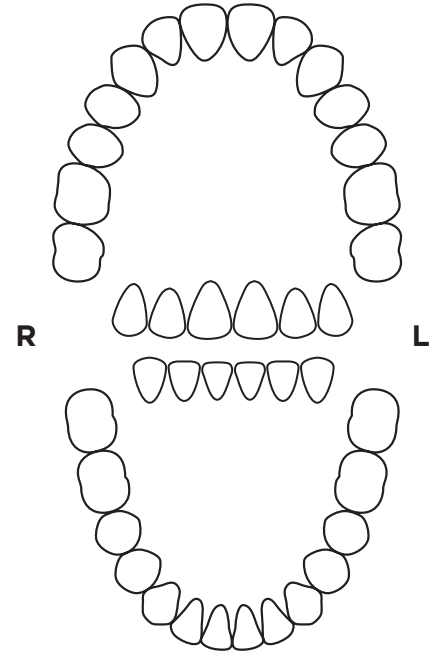
CROWN OPTIONS

- Remove Occlusal from Crowns (ROC™)
- Lingual Seating Lugs
- Vent Holes
- Debonding Holes
- Vertical Slits

OFFICE USE: 1 2 3 4 + **PD:** SA DR

MODELS: U L BOTH BANDS CROWNS BROKEN

IMPRESSIONS: U L BOTH

DISINFECT: _____ **QA IN:** _____ **FINAL INSP:** _____

ANCHORAGE

- Specialty Appliances provides and fits:
 - Band(s) ROC(s)™ Crown(s)
- Bands or Crowns enclosed with case

R	7 6 5/e 4/d	d/4 e/5	6 7	L
	7 6 5/e 4/d	d/4 e/5	6 7	

OCCLUSAL RESTS
OCCLUSAL RESTS PER DIAGRAM

R	7 6 5/e 4/d	d/4 e/5	6 7	L
	7 6 5/e 4/d	d/4 e/5	6 7	

 3D PRINTED/SINTERED
(Select for 3D Metal Printing)
SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

 (800) 522-4636
 www.specialtyappliances.com