

**SEND**  Rx FORMS  MAILING LABELS  SHIPPING SUPPLIES

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 EXPEDITED MANUFACTURING AND SHIPPING

**DIGITAL SCAN TAKEN WITH:**

- iTero®  Carestream  3M™  Medit  
 TRIOS®  Sirona  Other \_\_\_\_\_

**EXPANSION**

|                       | STANDARD              | MINI                  | CLICK                 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Hyrax RPE             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Haas RPE              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Acrylic Bonded RPE    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DeLuke Contoured RPE  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exspider Fan Expander | <input type="radio"/> |                       |                       |
| Lower Fixed Expander  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quad Helix            | <input type="radio"/> |                       |                       |
| E-Arch                | <input type="radio"/> |                       |                       |
| W-Arch                | <input type="radio"/> |                       |                       |

**DISTALIZATION**

|                             | RIGHT                 | LEFT                  |
|-----------------------------|-----------------------|-----------------------|
| Pendulum Original           | <input type="radio"/> | <input type="radio"/> |
| Pendex (w/ Expander)        | <input type="radio"/> | <input type="radio"/> |
| T-Rex                       | <input type="radio"/> | <input type="radio"/> |
| PHD Appliance               | <input type="radio"/> | <input type="radio"/> |
| MDA Appliance               | <input type="radio"/> | <input type="radio"/> |
| Rapid Molar Distalizer      | <input type="radio"/> | <input type="radio"/> |
| Horseshoe Jet               | <input type="radio"/> | <input type="radio"/> |
| Distal Jet                  | <input type="radio"/> | <input type="radio"/> |
| Halterman Appliance         | <input type="radio"/> | <input type="radio"/> |
| IPC (Inman Power Component) | <input type="radio"/> | <input type="radio"/> |

**TAD DESIGNS**

- RPE:  Tomas™  MSE  
 Intrusion TPA \_\_\_\_\_ mm away from palate  
 T-Bar  
 amda®  
 Other (Specify in Special Instructions below)

**HOLDING**

- Transpalatal Arch  
 Lingual Arch: Lower  
 Nance Appliance  
 Space Maintainer \_\_\_\_\_

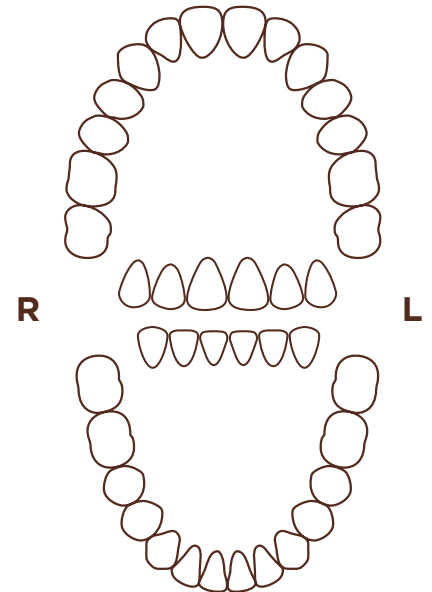
**OTHER APPLIANCES**

- Habit  Crib  Spurs  Bluegrass  
 Fixed Bite Plane  
 Xbow®  
 Tandem™

**ACCESSORIES**

- Archwire Tubes  Upper  Lower  
 Headgear Tubes  Lip Bumper Tubes  
 Lingual Sheaths  
 Facemask Hooks \_\_\_\_\_  
 Debonding Holes  Vent Holes  
 ROC (Removed Occlusal Crown)  
 Debonding Wires  Debonding Screws  
 Acrylic Color \_\_\_\_\_

**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:** \_\_\_\_\_  
**UR:** \_\_\_\_\_ **UL:** \_\_\_\_\_ **LR:** \_\_\_\_\_ **LL:** \_\_\_\_\_



**ANCHORAGE**

- Specialty Appliances provides and fits:  
 Band(s)  ROC(s)  Crown(s)  OnBRACE®  
 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  
 FAX (470) 239-7217  
 www.specialtyappliances.com