

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 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 |
| Mini-Click | <input type="radio"/> | <input type="radio"/> |
| Click Screw | <input type="radio"/> | <input type="radio"/> |
| Other type: _____ | | |

ACCESSORIES

WIRE

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

RESTS

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

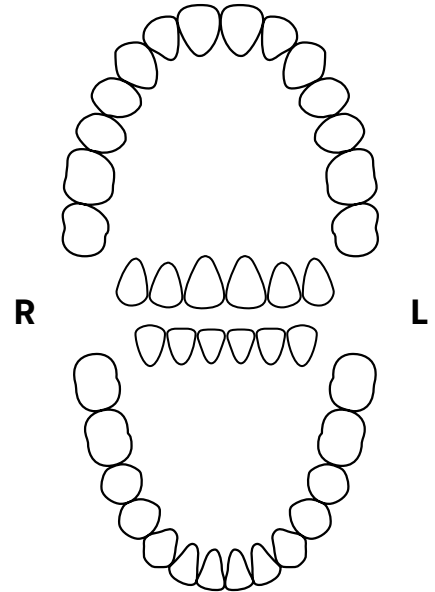
ARCHWIRE TUBES

- 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)
 - 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	

OCCUSAL RESTS

OCCUSAL 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

Available for Bands, ROCs, and Crowns
 (Select for 3D Metal Printing)

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE _____

License # _____ Expiration _____

(800) 522-4636
 www.specialtyappliances.com