

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 EXPIDITED MANUFACTURING & SHIPPING

DIGITAL SCAN TAKEN WITH:

☐ iTero® ☐ Carestream ☐ CEREC ☐ TRIOS® ☐ Medit ☐ Other _____

MSE RPE TAD

Standard: Includes MSE Screw, 2 bands, 4, eyelets, Left and Right Archwire Tubes

Select Screw:

☐ Best Fit ☐ MSE Screw 8mm ☐ MSE Screw 10mm ☐ MSE Screw 12mm

☐ Add CBCT Design/Planning Service (optional)

Include TAD Screws with case:

☐ Select best TAD screws per CBCT: Qty: _____ ☐ BMK ACR 9mm Mini Screw Button: Qty: _____
☐ BMK ACR 11mm Mini Screw Button: Qty: _____ ☐ BMK ACR 13mm Mini Screw Button: Qty: _____
☐ BMK ACR 15mm Mini Screw Button: Qty: _____ ☐ BMK ACR 17mm Mini Screw Button: Qty: _____

TOMAS® RPE TAD

Standard Design: Click Expansion Screw, 2 bands, 2 tomas® eyelets, Left and Right Archwire Tubes

Select Screw:

☐ Best Fit ☐ Click Screw 7mm ☐ Click Screw 10mm
☐ Click Screw 12mm

☐ Additional tomas® Eyelet: Qty _____ ☐ Add CBCT Design/Planning Service (optional)

3D Printed

CUSTOM MARPE

Standard: Includes Power screw, two 3D printed bands, Left and Right Archwire Tubes & 3D Design

Material: ☐ Stainless Steel ☐ Chromium Cobalt

Number of Eyelets:

☐ 4 eyelets ☐ 6 eyelets ☐ 8 eyelets

Select Screw:

☐ Best Fit ☐ Power/Tiger Screw 8mm ☐ Power/Tiger Screw 10mm
☐ Power/Tiger Screw 12mm ☐ Power/Tiger Screw 14mm ☐ Power/Tiger Screw 16mm

Include TAD Screws with this case:

☐ Select best TAD screws per CBCT: Qty: _____ ☐ BMK ACR 9mm Mini Screw Button: Qty: _____
☐ BMK ACR 11mm Mini Screw Button: Qty: _____ ☐ BMK ACR 13mm Mini Screw Button: Qty: _____
☐ BMK ACR 15mm Mini Screw Button: Qty: _____ ☐ BMK ACR 17mm Mini Screw Button: Qty: _____

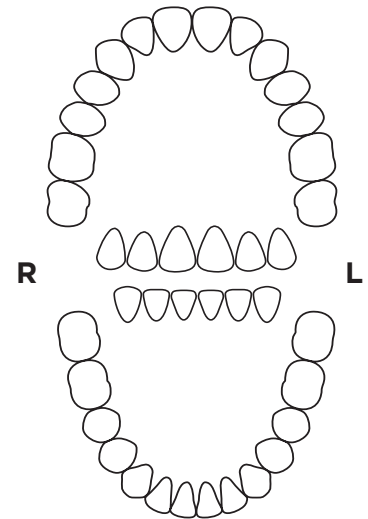
SPECIAL INSTRUCTIONS (Please describe treatment goals and patient chief complaint in detail)

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:** _____



TAD APPLIANCES

☐ Intrusion TPA _____ mm away from palate
☐ T-Bar ☐ amda®
☐ Horseshoe Jet
☐ Other (Specify in Special Instructions below)

ACCESSORIES

☐ Headgear Tubes ☐ Facemask Hooks
☐ Add Wire Eyelets _____
☐ Add Intrusion Hooks ☐ Buccal Tubes

ANCHORAGE

☐ Specialty Appliances provides and fits:
☐ Band(s) ☐ ROC(s) ☐ Crown(s)
☐ 3D Printed Band(s)
☐ Bands and crowns included with case

R

7	6	5/e	4/d	d/4	e/5	6	7
7	6	5/e	4/d	d/4	e/5	6	7

 L

DOCTOR SIGNATURE _____

License # _____ Expiration _____

(800) 522-4636

www.specialtyappliances.com