

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 _____

EXPANSION

- ☐ Hyrax RPE
☐ Haas RPE
☐ Acrylic Bonded RPE
☐ DeLuke Contoured RPE
☐ Exspider Fan Expander
☐ Lower Fixed Expander

Screw Type _____

- ☐ Quad Helix
☐ E-Arch
☐ W-Arch

DISTALIZATION

	RIGHT	LEFT
Pendulum Original	☐	☐
Pendex (w/ Expander)	☐	☐
T-Rex	☐	☐
PHD Appliance	☐	☐
MDA Appliance	☐	☐
Rapid Molar Distalizer	☐	☐
Horseshoe Jet	☐	☐
Distal Jet	☐	☐
Halterman Appliance	☐	☐
IPC (Inman Power Component)	☐	☐

HOLDING

- ☐ Transpalatal Arch
☐ Lingual Arch: Lower
☐ Nance Appliance
☐ Space Maintainer _____

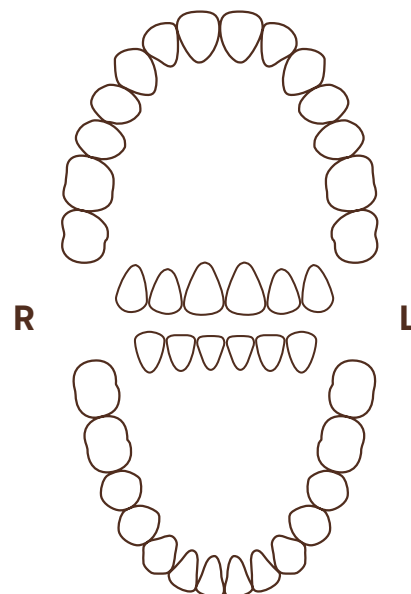
OTHER APPLIANCES

- ☐ 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
☐ 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	

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