

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**

METAL APPLIANCES

- | | Click | Non-Click |
|--------------------------------------|-----------------------|-----------------------|
| <input type="radio"/> Hyrax RPE | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Mini Hyrax RPE | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Lower Fixed | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> MDA | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> PHD | <input type="radio"/> | <input type="radio"/> |

HOLDING

- ☐ Lingual Arch: Lower
- ☐ TPA
- ☐ Space Maintainer

HERBST DESIGNS

- ☐ Standard Herbst®
- ☐ Cantilever Herbst®

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

HERBST EXPANSION OPTIONS

- | | U | L |
|------------------------|-----------------------|-----------------------|
| Dentaurum Click (Std) | <input type="radio"/> | <input type="radio"/> |
| Mini Hyrax (Click Std) | <input type="radio"/> | <input type="radio"/> |
| Leone | <input type="radio"/> | <input type="radio"/> |

ACCESSORIES

WIRE (Available with herbst appliance only)

- ☐ 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 ☐ Debonding Holes
- ☐ Vent Holes ☐ Vertical Slits

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

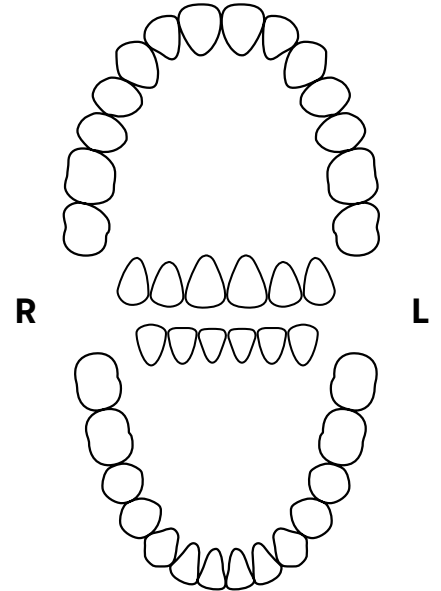
MODELS: U L BOTH BANDS CROWNS BROKEN

IMPRESSIONS: U L BOTH

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

DIGITAL SCAN TAKEN WITH:

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



ANCHORAGE

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

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

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

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