

Canada TADs RX

www.specialtyappliances.com

POCTOR	ACCT#	OFFICE HEE, 1 2 2 4 1 PD, CA DD
	ACCT#	OFFICE USE: 1 2 3 4 + PD: SA DR
ADDRESS		MODELS: U L BOTH BANDS CROWNS BROKEN
CITY	STATEZIP	IMPRESSIONS: U L BOTH
PHONE EMAIL		DISINFECT: QA IN: FINAL INSP:
PATIENT NAME		
DATE SHIPPED	DATE NEEDED*	
*Date nee	ded should be at least 1 day before appointment date.	
O APPROVAL TO CHARGE EXPIDITED	MANUFACTURING & SHIPPING	
DIGITAL SCAN TAKEN WITH:		
○iTero® ○Carestream ○CEREC ○TI	RIOS®	
MSE RPE TAD		
Standard: Includes MSE Screw, 2 bands, 4, eye Select Screw:	elets, Left and Right Archwire Tubes	
○ MSE Screw 8mm ○ MSE Screw 10m	nm	
Add CBCT Design/Planning Service (optional)		R OUDOU L
Include TAD Screws with case:		~ 00000 ~ -
BMK ACR 9mm Mini Screw Button: Qty:	O 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:		
TOMA	S [®] RPE TAD	
Standard Design: Click Expansion Screw, 2 bo	ands, 2 tomas® eyelets, Left and Right Archwire Tubes	
Select Screw:		
○ Click Screw 7mm ○ Click Screw 10mm		
○ Click Screw 12mm		
Additional tomas® Eyelet: Qty	Add CBCT Design/Planning Service (optional)	ACCESSORIES
		○ Headgear Tubes ○ Facemask Hooks
3D Printed CUSTOM MARPE		Add Wire Eyelets
	ted bands, Left and Right Archwire Tubes & 3D Design	Add Intrusion Hooks Buccal Tubes
Material: O Stainless Steel O Chromium Cobalt		ANCHORACE
Number of Eyelets:		ANCHORAGE
4 eyelets 6 eyelets	○ 8 eyelets	Specialty Appliances provides and fits:
Select Screw:	3 • 3 • • •	○ Band(s) ○ ROC(s) ○ Crown(s)
O Power/Tiger Screw 8mm O Power/Tig	er Screw 10mm O Power/Tiger Screw 12mm	○ 3D Printed Band(s)
O Power/Tiger Screw 14mm O Power/Tig	ger Screw 16mm	Bands and crowns included with case .
Include TAD Screws with this 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
BMK ACR 9mm Mini Screw Button: Qty:		7 6 5/e 4/d d/4 e/5 6 7
O BMK ACR 13mm Mini Screw Button: Qty:	O BMK ACR 15mm Mini Screw Button: Qty:	1
O BMK ACR 17mm Mini Screw Button: Qty:		
SPECIAL INSTRUCTIONS (Please describe tr	eatment goals and patient chief complaint in detail)	
DOCTOR SIGNATURE		(800) 522-4636

____ Expiration ___