

LAB USE ONLY
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**EXPANSION APPLIANCES**      Upper      Lower

Mini RPE (2-arm)                           

Mini RPE Ratchet (2-arm)                

FLEA (Mini RPE w/whip springs)                     

Hyrax RPE (4-arm)                     

Hyrax RPE Ratchet (4-arm)          

Acrylic Bonded RPE                        
 Add Debonding Loops

Haas Expander                             

Fan Expander                               

Bi-Helix                                             

Quad-Helix                                         

Arnold / E-Arch                                   

Porter / W-Arch                                   

**HABIT APPLIANCES**

Palatal Crib (Contours Palate)

Hay Rake (Palatal Crib with Spurs)

Vertical Crib - Include counter model

Zig Zag Design (Standard)

Open Spike Design

Closed Cage Design

Reverse / Inverted Palatal Design

Horizontal Crib (Does Not Contour Palate)

Bluegrass Roller

**DISTALIZING APPLIANCES**      *Unilateral Options*

Pendulum - no expansion       Right  
 Left

Pendex - with expansion

T-Rex - with expansion & locking wires

Distal Jet

Halterman

**HOLDING APPLIANCES**      Upper      Lower

Nance Button                               

Intrusion TPA Button                     

Fixed Anterior Bite Plane               

Ricknator Bite Plane                       

Transpalatal Arch - with loop          

Transpalatal Arch - no loop              

Lingual Arch - with loops                        

Lingual Arch - no loops                           

Space Maintainer                            \_\_\_\_\_

Make TPA/Lingual Arch Removable

**ACCESSORIES**

Face Mask Hooks - Vertical Position  
 Vertical / Intrusion       Horizontal / Protraction

Soldered Rests on  4/d's       5/e's

Soldered Extensions to  6's/  7's

Anterior Whip Springs

Solder Buccal Bar to Bicuspid Bands

**ACRYLIC COLORS**

Clear       Pink Tint (Standard)

Colors \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

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DOCTOR \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

**DATE SHIPPED** \_\_\_\_\_ **DATE REQ'D** \_\_\_\_\_

\*Case will ship to arrive before the APPOINTMENT DATE.  
Please account for transit time to/from your office.

**APPT DATE\*** \_\_\_\_\_

APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED

CONTACT ME REGARDING CASE       VIA PHONE       VIA EMAIL

**ANCHORAGE**

Lab Provides Bands and Fits

Bands Enclosed with Case

Bands Sent Separately (Digital Submission)

**CIRCLE BANDS TO BE SEATED**

	7	6	5/e	4/d		d/4	e/5	6	7	
R										L
	7	6	5/e	4/d		d/4	e/5	6	7	

**OCCLUSAL RESTS - PLEASE DIAGRAM**

	7	6	5/e	4/d		d/4	e/5	6	7	
R										L
	7	6	5/e	4/d		d/4	e/5	6	7	

**BAND ATTACHMENT OPTIONS**

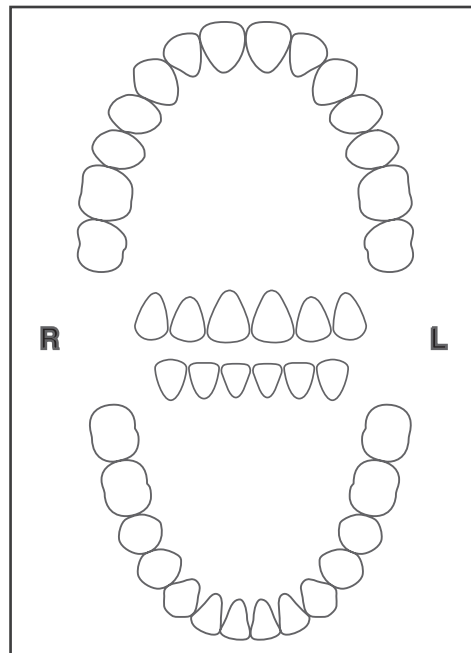
Seating Lugs

Weld Brackets to Bicuspid Bands

.018 Buccal Tubes       .022 Buccal Tubes


Lingual Sheaths       .045 Head Gear Tubes

Remove Buccal Attachments



**DR. SIGNATURE:**         /s/        

**LICENSE NUMBER:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_

	<p><b>SEND ADDITIONAL</b></p> <p><input type="checkbox"/> RX FORMS (AVAILABLE ON WEBSITE)</p> <p><input type="checkbox"/> PREPAID LABELS      <input type="checkbox"/> SHIPPING BOXES</p>
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