Herbst Rx

DOBSON ORTHO LABORATORY, INC.
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dobsonortho.com

LAB USE ONLY

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ **DATE REQ'D** REQUIRED
**Case will ship to arrive before the APPOINTMENT DATE. Please account for transit time to/from your office.*
APPT DATE REQUIRED

☐ APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED
☐ CONTACT ME REGARDING CASE ☐ VIA PHONE ☐ VIA EMAIL

CANTILEVER HERBST®

- ☐ Banded Design (includes reinforcement wires)
- ☐ Crown Design

CROWN OPTIONS

- ☐ Vent Holes ☐ Debonding Holes
- ☐ Vertical Slits ☐ Occlusal Removed

HERBST® MECHANISMS

- ☐ Standard Bite Jumping Rod & Tube
- ☐ MiniScope™ Telescoping
- ☐ Dentaurum TS Telescoping

SCREWS / AXLE DESIGN OPTIONS

- ☐ Standard Hex Screws
- ☐ AppleCore™ Screws
- ☐ Dentaurum TS Screws (metric)

EXPANSION OPTIONS

	Upper	Lower
Standard Mini RPE (2-arm)	☐	☐
Ratchet Mini RPE (2-arm)	☐	☐
Standard Hyrax RPE	☐	
Ratchet Hyrax RPE	☐	

FRAMEWORK OPTIONS

	Upper	Lower
Lingual Arch		☐
Transpalatal Arch	☐	

ADVANCEMENT SPACERS / SHIMS

- ☐ 1mm Qty____
- ☐ 2mm Qty____
- ☐ 3mm Qty____
- ☐ 4mm Qty____

BITE RELATIONSHIP

- ☐ Use Enclosed Wax Bite for AP
- ☐ Use Lines on Models for AP
- ☐ Position for Class 1 Molars
- ☐ Position Anteriors Edge to Edge
- ☐ Advance _____mm
- ☐ MIO Measurement _____mm

ARCHWIRE TUBES

Upper ☐ .018 Single ☐ .022 Single ☐ .018 Double ☐ .022 Double
☐ Extend AW to 2nd Bicuspid

Lower ☐ .018 Single ☐ .022 Single ☐ .018 Double ☐ .022 Double
☐ Occlusal ☐ Center ☐ Gingival

CROWNS AND BANDS

- ☐ Lab Provides Crowns/Bands and Fits
- ☐ Crowns/Bands Enclosed with Case

CIRCLE CROWNS TO BE SEATED

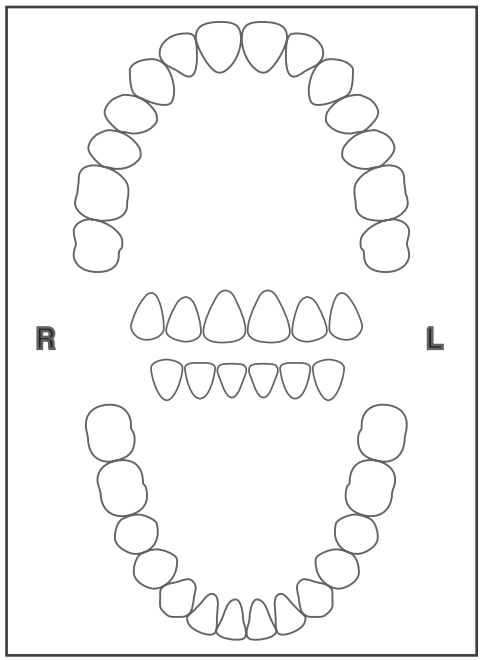
R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	

CIRCLE BANDS TO BE SEATED

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	

OCCLUSAL 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	



ADDITIONAL ACCESSORIES

Additional mechanisms, screws, and spacers can be purchased in pack quantities. Call Customer Service at 888-599-7890 to order.

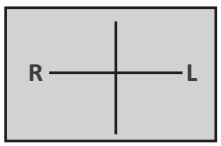
SPECIAL INSTRUCTIONS

_____

_____

_____

_____

DR. SIGNATURE: /s/ REQUIRED

LICENSE NUMBER: REQUIRED **EXPIRES:** MM/YYYY