

HERBST / X-BOW / ACRYLIC RPE PRESCRIPTION



Great Lakes Orthodontics, Ltd.
200 Cooper Avenue, Tonawanda, N.Y. 14150
Toll Free: 800-828-7626

PLEASE PRINT

Account # **LO** PO # _____

BILLING ADDRESS

PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR: _____

ADDRESS: _____
(Specify if ship to address is different)

CITY: _____ STATE: _____ ZIP: _____

Provide Country & City Code PHONE: (_____) _____
FAX: (_____) _____

PATIENT: _____ AGE: _____

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY

Disinfected D# _____
0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via _____

QC: _____ Shp: _____

Needs DD Call Rec: _____

NO BITE / MDL - B / C

Please Provide: Boxes Labels Appl. Protection Program
 Rx (specify appl. type): _____

PLEASE PRINT

IMPORTANT! Always retain models and bite until appliance is seated. Should a problem occur, warranty is voided if original model(s) or bite is not returned. Damage to models may occur during fabrication, please mark Rx if duplication (additional fee) of model(s) is required.

Crossbow (X-Bow)

Fabrication Requirements: Upper and Lower models. Bands on upper 6's (with occlusal headgear tubes) and upper 4's (if serial extraction of all 1st bicuspids, band the upper e's or 5's and 6's), bands on lower 6's.

Upper Options:

- RPE (Standard) No RPE
- Lower Frame (Standard)

Please Provide: Additional Charge

- Adapt FRD Hardware (Includes Springs, Push Rods and "L" Pins)
- Gurin Locks (2)
- Add Wrench

*See Auxiliaries for Further Options

Herbst Fabrication Options

Note: To provide the most technically accurate Acrylic Splint Herbst appliance, we ask that you provide a construction bite in which the mandible has been advanced 3-4mm and has a 2-3mm vertical opening in the incisor region. For the all metal Herbst the advancement remains the same, the vertical opening is eliminated, and you may either mark models in construction position or provide a bite.

Acrylic Splint Design:

*See Auxiliaries for Further Options

Upper- (All choices include posterior coverage)

- Standard Removable - Full Cuspid Coverage
- Standard Bonded - Lingual Extension on Cuspids
- Optional Removable - Includes Incisal Cap

Lower- (All choices include posterior coverage)

- Standard Removable - Includes Incisal Cap
- Standard Bonded - Lingual Extensions on Cuspid
- Option - Full Cuspid Coverage

Banded or Crowned Design:

If not noted, the lab will carve brackets and remove lingual retainers when present.

- Upper:** Provide Bands Provide Rolo Bands Provide Crowns
 Keep Brackets Grind Brackets Carve Brackets Off Models
- Lower:** Provide Bands Provide Rolo Bands Provide Crowns
 Keep Brackets Grind Brackets Carve Brackets Off Models

Cantilever Design:

- Mayes Cantilever
- Dischinger Design

*See Auxiliaries for Further Options

Crowns are Available in Standard Sizes Only:

If tooth requires an in-between size do you prefer-
 A Loose Fit A Snug Fit A Phone Call

*See Auxiliaries for Further Options

Herbst Hardware Options

- Standard - Slot Head Screw
 Please add adhesive to pivot
- Hex Head
- Flip-Lock
- Other _____

Bonded Appliances (not as part of Herbst Appliance)

- Bonded Palatal Expander
- Bonded Palatal Expander with Facial Mask Hooks
- Bonded Palatal Splint with Facial Mask Hooks

Clasping For Retention

- Ball Clasps Adams Clasps No Clasping Other _____

Acrylic Colors Available

Clear (Standard)
Refer to our laboratory catalog for a wide variety of cold cure colors available.

Please specify choice: _____

Please Provide

Adaptable Class III Mask

- Standard Size 9-1/2" Pedo Size 7-1/2"
- Retention Elastics (pkg/50)

Herbst Advancement Kit 265-107 (Shims available individually by size)

- EZ Key 140-020 (pkg/10)
- All Metal Keys 140-001 (pkg/25)

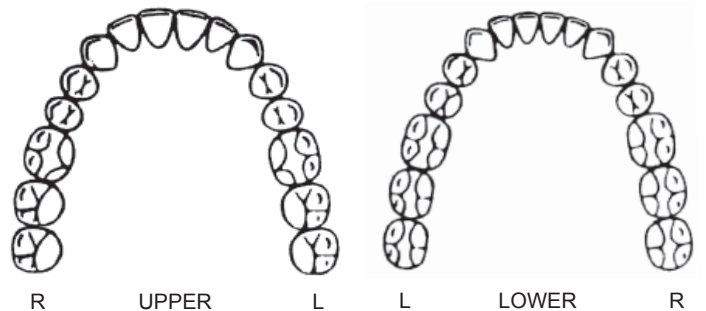
Comfort Caps™ (pkg/20) Comfort Solution

- For Crossbow
- For Herbst

Auxiliaries

- Palatal bar
- Upper molar rests
- Upper bicuspid rests
- Lower lingual wire
- Lower molar rests
- Lower bicuspid rests
- .040 Headgear Tubes
- .045 Headgear Tubes
- .051 Headgear Tubes
- Hook on Tube
- .018 Buccal tubes upper lower
- .022 Buccal tubes upper lower w/hook
- Double Buccal tubes ^{.022 x .028} ^{.045 HGT} w/hook
- Add Rapid Palatal Expander
- Lower Expansion Screw
- Facial Mask Hooks
- Debonding Screws (2)
- Debonding Loops
- Vent holes in crowns (occlusal)
- Other, please specify _____

PLEASE NOTE:
Illustrate discrepancy of dental midlines in construction position. If no indication, we will follow bite registration.



License #: _____

Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____

CUSTOMER RETAIN YELLOW COPY - RETURN WHITE COPY TO LABORATORY

Fax: 716-871-0550 Email: info@greatlakesortho.com Website: www.greatlakesortho.com

©Great Lakes Orthodontics, Ltd.- Lab FM-5 Rev 12/13/07