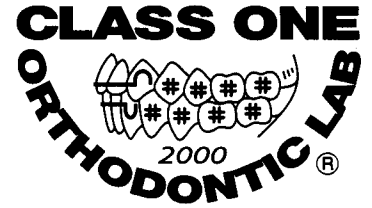


HERBST APPLIANCE / PRESCRIPTION

- PHONE ME CONCERNING THIS CASE
- SPECIAL INSTRUCTIONS ON FILE
- INSURANCE
- ORTHODONTIC STUDY MODELS
- DUPLICATE CASTS

PLEASE SEND:

- Rx SHEETS
- MAILING LABELS
- SHIPPING BOXES



Dr. _____

Address _____

City _____ Province _____ Postal Code _____

Phone (_____) _____

Patient _____

Date Shipped _____

Date Needed _____

A WORD ABOUT THIS PRESCRIPTION SHEET

We have constructed a new series of prescription sheets as communication tools for our customers. This format allows you to take full advantage of our capabilities to construct the EXACT appliance your patients require. Please provide complete information on appliance design and give us a call at (250) 765-0074 or 1-800-663-5369 if we can be of help.

BANDED HERBST (Models sent with bands seated)

- Upper
- Lower

BANDED HERBST (Lab fits custom Herbst bands)

- Upper
- Lower

STAINLESS STEEL CROWN HERBST

- Upper
- Lower
- Cantilever

MESH PAD HERBST

- Upper and Lower

ACRYLIC SPLINT HERBST

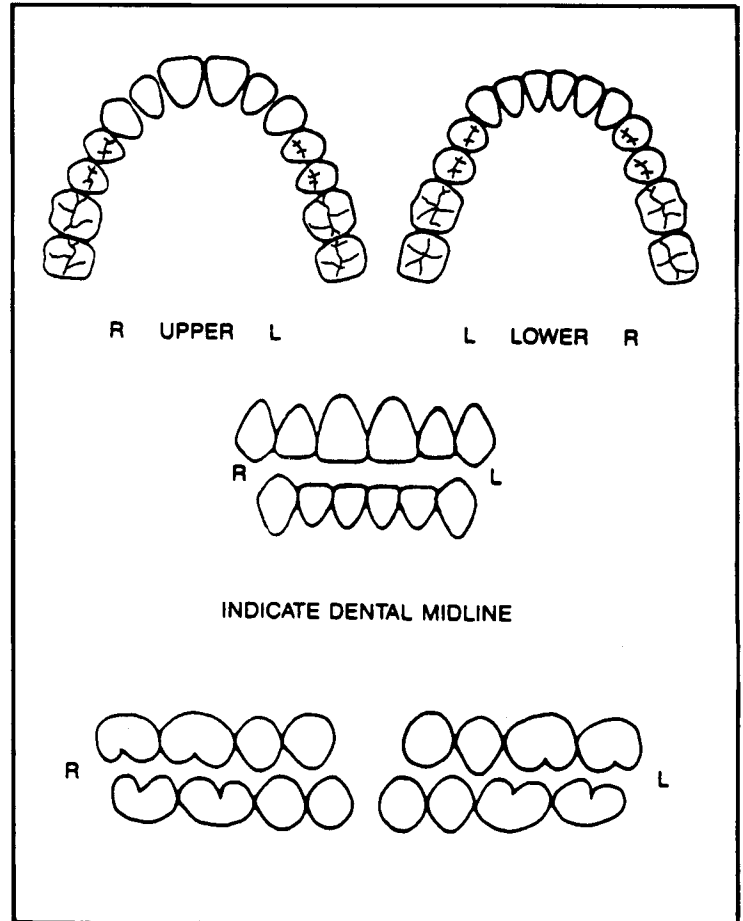
- Bonded Upper and Lower
- Removable Upper and Lower
- Bonded Upper - Removable Lower
- Removable Lower - Used with Banded Upper

ACRYLIC PROCESSING INSTRUCTIONS

- Add lingual extensions on cuspids
- Add lower incisal cap
- Groove occlusal surfaces of acrylic splints
- Pressure formed acrylic splints

AUXILIARIES

- Add RPE to upper
- Buccal archwire tubes .0 _____
- Buccal headgear tubes .0 _____
- Send advancement shims _____ mm
- Add wire rests on second molars



Special Instructions _____



215 FROELICH ROAD
 KELOWNA, B.C. V1X 3M6
 PHONE (250) 765-0074
 TOLL FREE IN B.C. 1-800-663-5369
 EMAIL: classoneortho@shaw.ca
 www.classoneortho.ca
