

Fixed Appliance Prescription Form

Practice: _____	Patient: _____
Address: _____	Date Sent: _____
_____	Due Date: _____

Expansion Appliances

Hyrax RPE: 7mm 9mm 11mm 13mm
Bonded RPE: 7mm 9mm 11mm 13mm
Mini RPE: 8mm 11mm
Fan Type RPE
Haas: 7.5mm 11mm
Williams: 8mm 11mm
Quad Helix Bi Helix W-Arch

Space Maintainers

Nance
Fixed Anterior Bite Plane
Lingual Arch:
 No Adjustment Loops
Band & Loop _____
TPA
Bonded Lingual Retainer:
 3x3 2x2 1x1
 Braided Wire

Habit Appliances

Thumb / Tongue Crib:
 Vertical Contour to Palate
 Add Spikes Add Rake
Bluegrass Roller

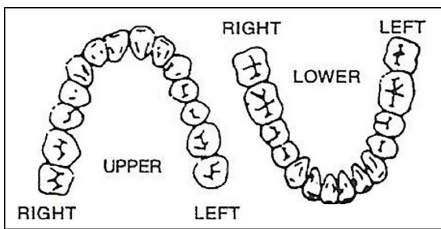
Functional Appliances

Herbst:
 Crown Design Cantilever Design
 Hex Screw Flip Lock
 Crown Vent Holes Add RPE
 Archwire Tubes _____
 Occlusal Rests _____
Face Mask with Headgear Hooks

Band Preference

Lab Provided Bands	Practice Prov. Bands
No Attachments	.022 Archwire Tubes
.022 AW & Aux. Tubes	.018 Archwire Tubes

Special Instructions



Model Preference

Low Profile Model
Upper Lower
Full Palate Model
Upper Lower

Resources Needed

Prescription Forms
Mailing Labels
Shipping Boxes

Doctors Signature: _____ Date: _____
Doctors License No. _____

Blue & Yellow: Lab Copies

Pink: Doctor's Copy