

## Fixed Appliance Prescription Form

<b>Practice:</b> _____	<b>Patient:</b> _____
<b>Address:</b> _____	<b>Date Sent:</b> _____
_____	<b>Due Date:</b> _____

### 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      \_\_\_\_\_

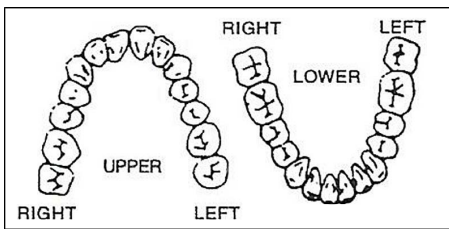
    Occlusal Rests      \_\_\_\_\_

    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