

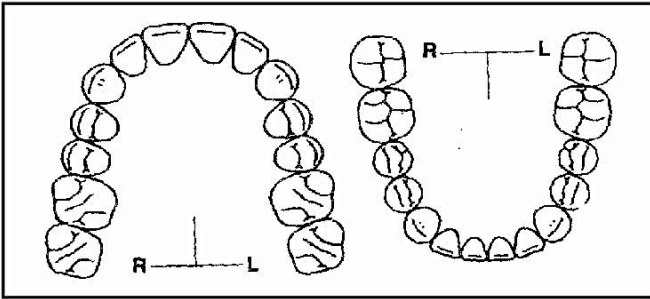


6526 S. State St. Ste. 301  
Murray, UT 84107

Phone: 801-904-2006

|                     |
|---------------------|
| SHARPIE<br>DATE:    |
| PAN #               |
| <i>LAB USE ONLY</i> |

Sent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Appt. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_  
 Doctor Name: \_\_\_\_\_  
 Practice Name/Location: \_\_\_\_\_  
 Patient Name: (Last) \_\_\_\_\_  
 (First) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



**Please send white copy.**

**Special instructions:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Dr. Signature:** \_\_\_\_\_

**Impression checked by Dr.**

*Patient specific appliance*

# Herbst | Mara | Splint | Functional RX Form

## Class II (7 days in lab)

*All Class II appliances are 8 full business days in lab if no appointment is given. Please add shipping and delivery.*

- DESIGNS**
- Hanks® Telescoping Herbst
  - Apple Core® Mini Scope Herbst
  - Standard Cantilever Design
  - Bonded Herbst
  - Higgins-XBow®
  - Mara

**CROWN SIZE**

UR \_\_\_\_ UL \_\_\_\_ LR \_\_\_\_ LL \_\_\_\_  
 Telescoping Arm Size L \_\_\_\_ R \_\_\_\_

MIO \_\_\_\_\_

- OPTIONS**
- |                          |                          |   |
|--------------------------|--------------------------|---|
| Max                      | Mand                     |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Premium Fit Crown<br>(No extra charge. Vent Holes Required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Crown Provided  |
| <input type="checkbox"/> | <input type="checkbox"/> | Standard Fit Crown  |
| <input type="checkbox"/> | <input type="checkbox"/> | Vent Hole in Crown Size _____                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Bands Provided  |
| <input type="checkbox"/> | <input type="checkbox"/> | Molar Rest  |
| <input type="checkbox"/> | <input type="checkbox"/> | Bicuspid Rest on _____ & _____                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Bicuspid Rest on _____ & _____                              |
| <input type="checkbox"/> | <input type="checkbox"/> | .018 AWT  |
| <input type="checkbox"/> | <input type="checkbox"/> | .022 AWT  |
| <input type="checkbox"/> | <input type="checkbox"/> | AWT Extensions  |
| <input type="checkbox"/> | <input type="checkbox"/> | Wax Bite Included   |

- ACCESSORIES**
- Add RPE Click 7mm 12mm
  - Add RPE 8mm 13mm
  - Variety RPE (11mm only)
  - 1mm Herbst Shims (qty \_\_\_\_\_)
  - 2mm Herbst Shims (qty \_\_\_\_\_)
  - Mara Spacers
    - 1mm (qty \_\_\_\_\_) 2mm (qty \_\_\_\_\_)
    - 3mm (qty \_\_\_\_\_) 4mm (qty \_\_\_\_\_)
  - Gurin Locks \_\_\_\_\_.036 \_\_\_\_\_.040

**“We’ll Make It Right!”**

|             |  |
|-------------|--|
| Shipping    |  |
| Impressions |  |
| Models      |  |
| Bands       |  |
| Appliance   |  |

**LAB  
USE  
ONLY**

## Splints (3 days in lab)

*All Splints are 5 full business days in lab if no appointment time. Please add shipping and delivery.*

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| Max                      | Mand                     |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Hard - Splint                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Hard/Soft - Splint                |
| <input type="checkbox"/> | <input type="checkbox"/> | GELB - Splint                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Positioning - Splint              |
| <input type="checkbox"/> | <input type="checkbox"/> | U of U School of Dentistry Splint |

## SPLINT OPTIONS

- |                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Cuspid Rise                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Cuspid Rise w/Anterior Guidance  |
| <input type="checkbox"/> | <input type="checkbox"/> | Indexing                         |
| <input type="checkbox"/> | <input type="checkbox"/> | SADR                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Clasping between _____ and _____ |

- Sports Mouth Guard Color \_\_\_\_\_

## FUNCTIONAL (7 Days in Lab)

*All functional appliances are 8 full business days in lab if no appointment is given. Please allow 24 Hours for all pickups.*

- Activator \_\_\_\_\_ Type
- Bionator \_\_\_\_\_ Type