

Dr. _____
 Address _____
 City & State _____
 Tel _____ Fax _____
 Patient _____
 Shipped Date _____ Placement Date _____
 Date Received by Lab _____
 PLEASE WRITE SPECIAL INSTRUCTIONS

 PLEASE CALL ME ABOUT THIS ORDER

Axle Type: Standard w/hex screws Hanks Telescope
 Flip Lock Miniscope Other _____

SPECIFIC HERBST DESIGNS

- | | |
|--|--|
| <input type="checkbox"/> Mayes Design | <input type="checkbox"/> Rogers Design |
| <input type="checkbox"/> Dischinger Design | <input type="checkbox"/> White Design |
| <input type="checkbox"/> Smith Design | <input type="checkbox"/> Hilgers Design |
| <input type="checkbox"/> Type I
Cantilever
<input type="checkbox"/> Type II
Bicuspid Crowns | |
| <input type="checkbox"/> Basic Cantilever Herbst (includes lower lingual arch) | |
| <input type="checkbox"/> Fabricate Herbst according to standing instructions | |
| <input type="checkbox"/> Custom Herbst (please select desired accessories below) | |

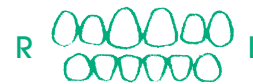
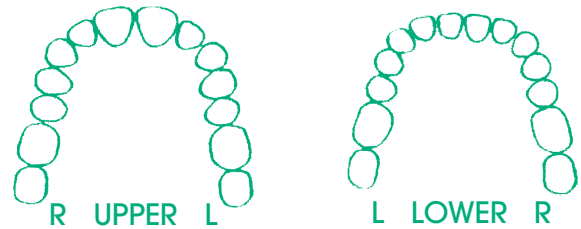
ACCESSORIES

- | | |
|---|---|
| <input type="checkbox"/> RPE Upper | <input type="checkbox"/> Standard Hyrax (std.on Mayes & Smith) |
| <input type="checkbox"/> Compact (std. on Dischinger) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lower Expansion | <input type="checkbox"/> Compact RPE |
| <input type="checkbox"/> With whipsprings | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Archwire Tubes size _____ | <input type="checkbox"/> Upper <input type="checkbox"/> Extend Anteriorly |
| <input type="checkbox"/> Lower <input type="checkbox"/> Gingival <input type="checkbox"/> Occlusal | |
| <input type="checkbox"/> Transpalatal Arch (TPA) | <input type="checkbox"/> Lower Lingual Arch |
| <input type="checkbox"/> Fixed <input type="checkbox"/> Removable | <input type="checkbox"/> Fixed <input type="checkbox"/> Removable |
| <input type="checkbox"/> 2nd Molar Rests | <input type="checkbox"/> Bicuspid Rests |
| <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <input type="checkbox"/> Upper <input type="checkbox"/> Lower |
| | <input type="checkbox"/> 4's/D's <input type="checkbox"/> 5's/E's |
| <input type="checkbox"/> Advancement Spacers | <input type="checkbox"/> Comfort Caps |
| Qty _____ | <input type="checkbox"/> 5.5mm Hex Screws |
| <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm | |
| <input type="checkbox"/> Offset lower pistons | |

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RACINE, WI 53404

Toll-FREE: (866) 463-4300 Main Tel: (262) 752-4040
 Fax: (262) 752-4060 For billing questions: (800) 645-5530

PLEASE DIAGRAM DESIRED DESIGN AND CROWN/BAND POSITION



INDICATE DENTAL MIDLINE

BAND AND CROWN INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> GAC Supply | <input type="checkbox"/> Dr. Supplied |
| <input type="checkbox"/> Bands | <input type="checkbox"/> Crowns |
| <input type="checkbox"/> Upper | <input type="checkbox"/> Upper |
| <input type="checkbox"/> Lower | <input type="checkbox"/> Lower |
| GAC reinforces all bands w/.026 ring around occlusal as a standard | GAC trims down crown length as a standard |
| <input type="checkbox"/> Do not reinforce | ADJUSTMENTS |
| | <input type="checkbox"/> Do not trim crown length |
| | <input type="checkbox"/> Removal holes in occlusal |
| | <input type="checkbox"/> Vertical slits |
| | <input type="checkbox"/> Horizontal slits |
| | <input type="checkbox"/> Other _____ |

ACRYLIC SPLINT HERBST

- | | | |
|--|---|--|
| <input type="checkbox"/> Bonded | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Removable | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Used with banded or crowned upper | <input type="checkbox"/> Groove occlusal surfaces | <input type="checkbox"/> Add lingual extensions on cuspids |
| <input type="checkbox"/> Pressure formed | <input type="checkbox"/> Add lower incisal | |

For Lab Use Only

Models U L
 Bds _____ Crns _____
 Wx/bt _____ Wire _____
 Pour _____ Trim _____

PLEASE SHIP EXTRA:

- SHIPPING BOXES
 PRE-PAID BAGS
 PRESCRIPTION SHEETS