

| COMMUNICATION CENTER  |   |  |  |
|---|---|--|--|
| AOA Wisconsin<br>13931 Spring Street<br>Sturtevant, WI 53177  | Phone: 1-800-262-5221<br>Fax: 262-886-6879<br>International: 262-886-1050 |  |  |
| HERBST FRAMEV   | VORK DESIGNS*   |  |  |
| AdvanSync™ 2 Class II Mola<br>(Ormco 2/3 crowns, upper & lowe   | ar to Molar "Dischinger Design"<br>er archwire tubes)                     |  |  |
| (cantilever - upper & lower archw Type II (lower bicuspid crowns, upper & l                                     | ower archwire tubes, lingual arch)  |  |  |
| (upper & lower archwire tubes, lingual arch, sq wire/tube)  Acrylic Design (includes wire framework Upper Lower |   |  |  |
| * Custom designs are not linited to above options. Please describe in notes area.                               |   |  |  |
| CROWN & BAND OPTIONS  |   |  |  |
| CROWNS  | BANDS   |  |  |
| Full Crown  | Rollo® Band   |  |  |
| 2/3 Crown   | UltiMAX Band  |  |  |
| Crown Adjustments   | PLEASE DIAGRAM  |  |  |
| Horizontal slits  | Seat Crown / Bands  |  |  |
| Vertical slits  | E D D E<br>7654 4567  |  |  |
| Standard Hole   | <del></del>   |  |  |
|   | 7654 4567<br>F D D F  |  |  |
|   |   |  |  |
| ACCESS  | SORIES  |  |  |
| RPE'S  2 Arm Lingual Ar   | PLEASE DIAGRAM<br>ch Rest Locations                                       |  |  |
| AOA Mini Fixed  | E D D E   |  |  |
| Ratchet Removabl  | 7654 4567<br>e<br>7654 4567   |  |  |
|   | E D D E   |  |  |
| 4 Arm TPA   | Archwire Tubes, size  |  |  |
| AOA Std. Fixed  | Upper Lower   |  |  |
| Ratchet Removabl  (Anti-Turn back Screw)  | e Extended Occlusal Anteriorly Gingival                                   |  |  |

| LAB        | USE O | NLY |
|------------|-------|-----|
| HERBST® Rx |       |     |

| HERBST® Rx                    |   |                        |                      |
|-------------------------------|---|------------------------|----------------------|
| Dr                            | A   | cct #                  |                      |
| Address                       |   |                        |                      |
| City, State, Zip              |   |                        |                      |
| Patient                       |   |                        |                      |
| Tel #                         | Fax #   |                        |                      |
| E-Mail                        |   |                        |                      |
| Shipped — (PLACEMENT DATE SHO | —— Placement Date —<br>ULD BE 1-2 DAYS BEFORE AC  |                        |                      |
| NOTES:                        |   |                        |                      |
|                               |   |                        |                      |
|                               |   |                        |                      |
|                               |   |                        |                      |
| HERBST IN                     | NSTRUCTIONAL DR   | AWINGS                 |                      |
| R UPPER L                     | PLEASE DIAGRAM SPECIAL INSTRUCTIONS AND CLASPING  INDICATE DENTAL MIDLINES  OOOOOOO  R  L | L LOW                  | ZER R                |
| MECHANISM & SPACER OPTIONS    |   |                        |                      |
| MECHANISM                     | IS  | SPA                    | CERS                 |
| AdvanSync™ 2 Mola             | ar to Molar AdvanSync™ 2  | Ormco Hex<br>/Fliplock | Mini-Scope<br>/Hanks |

| MECHANISMS                    |             | SPAC                   |                      |
|-------------------------------|-------------|------------------------|----------------------|
| AdvanSync™ 2 Molar to Molar A | dvanSync™ 2 | Ormco Hex<br>/Fliplock | Mini-Scope<br>/Hanks |
| Screw Extenders (pack of 2)   | 1mm         | 1mm                    | 1mm                  |
| Ormco Rod & Tube Design       | 2mm         | 2mm                    | 2mm                  |
| Mini-Scope™                   | 4mm         | 3mm                    |                      |
| AppleCore® Screws             |             | 4mm                    |                      |
| Hex Head                      |             | 5mm                    |                      |
| Hanks Telescoping®            | Pl          | ease Ship Ex           | tra                  |
| FlipLock <sup>®</sup>         |             | Pre-Paid Bag           | s                    |
|                               |             | Shipping Box           | kes                  |
| Comfort Caps                  |             | Prescription :         | Sheets               |

Pink: Doctor's Copy

001-212-Fil REV K

White and Yellow: Laboratory Copy

## **Laboratory Use Only**

| HER  |  |
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| HER  |  |
| MAC  |  |
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| SHIP |  |

| RECEIV | 'ING |       | SHIPPING |
|--------|------|-------|----------|
| Open   |      | Dept. | <b>V</b> |
| Dept.  | √    |       |          |