

DR. NAME _____ ACCT. # _____
 ADDRESS _____
 LICENSE # _____ PHONE # _____ FAX# _____

PATIENT NAME _____
 (please print) (Last) (First)
 DATE SENT _____ DATE WANTED _____
 (1-2 days prior to insertion)

Herbst® Prescription

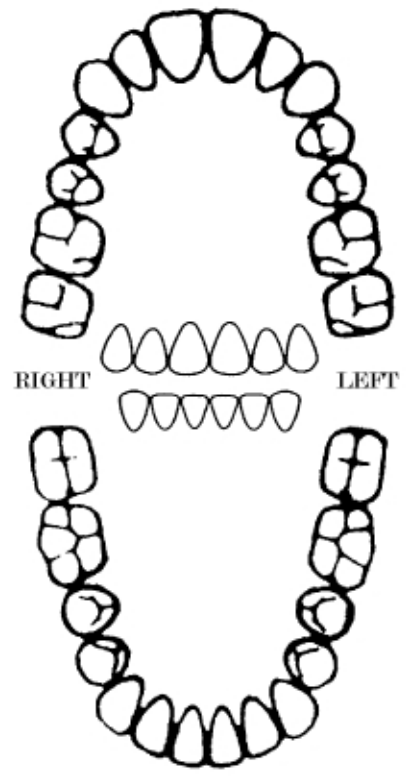
It is impossible for a complete listing of all types and combinations of Herbst designs. Please be *very specific* with your instructions. Call if you are uncertain how to "draw" your idea or wish to discuss the design. Complete steps 1 - 3 below.

1 HERBST® DESIGN

- Banded Drs. Bands NorthStar's Bands
- Reinforce Bands with Wire Frame
- Crowns Drs. Crowns NorthStar's Crowns
- Occlusal Vents Trim Crown Length
- NorthStar Standard Herbst (TPA, 4 brackets, lingual arch w/bicuspid rests)
- Dischinger Cantilever (4 brackets, indicate rest placement)
- Mayes (lingual arch)
- Smith Type I (lingual arch, 4 brackets)
- Type II (lingual arch)
- Type III (4x4 lingual arch, 4 brackets on crowns)
- Acrylic Bonded (TPA, Lower Ant. Cap)
 - Standard Color
 - Starbrite Color # _____
 - Incisal Capping
 - Locking Occlusal Indents
 - Claspings Ball Arrow
- Acrylic/Fixed Combination (Indicate band/crown placement)

Indicate Crowns/Bands

6	5/e	4/d	4/d	5/e	6
6	5/e	4/d	4/d	5/e	6



2 HINGE TYPE

- Hex Hinge Straight 4.0 mm Offset 5.5 mm
- Flip - Lock Hinge
- Telescoping

3 ADDITIONS

- Expansion Screw Standard Compact SuperScrew
- Upper Brackets .018 .022
- Placed Occlusal Centered Gingival
- Lower Brackets .018 .022
- Placed Occlusal Centered Gingival
- Advancement Shims (specify quantity)
- _____ 1 mm _____ 2mm _____ 3 mm _____ 4mm
- Rests (Please diagram placement and style)
- Comfort Caps
- Lingual Arch
- TPA
- Duplicate Original Models

SPECIAL INSTRUCTIONS:

- | | | | | | |
|-----------------------------------|--|--|-------------------------------------|---|---|
| <input type="checkbox"/> Ortho Rx | <input type="checkbox"/> Frankel Rx | <input type="checkbox"/> Labels or Boxes | <input type="checkbox"/> Pkg Foam | <input type="checkbox"/> S.M. Rx or Imp. Bags | <input type="checkbox"/> Call to review/update my preference file |
| <input type="checkbox"/> C/B Rx | <input type="checkbox"/> Twin Block Rx | <input type="checkbox"/> Splint Rx | <input type="checkbox"/> Price List | <input type="checkbox"/> Herbst Rx | |



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