

# TWIN BLOCK™ PRESCRIPTION

DR. NAME \_\_\_\_\_ ACCT. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

LICENSE # \_\_\_\_\_ FAX # \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_  
(please print) (Last) (First)

DATE SENT \_\_\_\_\_ DATE WANTED \_\_\_\_\_  
(2 days prior to insertion)

**STANDARD TWIN BLOCK™**

- includes
- 1 upper expansion screw
  - ball clasps
  - delta clasps
  - 70° block cuts
  - pinktone acrylic (blocks clear)

**SCHWARZ TWIN BLOCK™**

**SAGITTAL TWIN BLOCK™**

- includes
- 2 screws on upper
  - please specify for lower

**3-WAY SAGITTAL TWIN BLOCK™**

- includes
- 3 screws on upper
  - please specify for lower

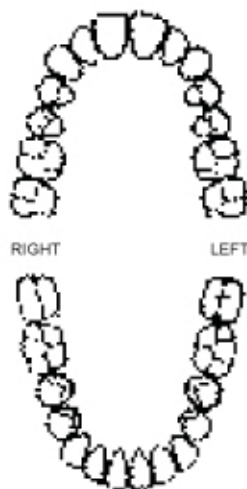
**STANDARD UPPER -  
LOWER JACKSON TWIN BLOCK™**

**TWIN BLOCK™ TO CLOSE**

- includes
- bow
  - bead
  - tongue guard
  - clasp on lower 6's

**OTHER TWIN BLOCK™ DESIGN**

- DUPLICATE ORIGINALS  
 CARVE OFF BRACKETS  
 APPLIANCE PROTECTION PLAN  
 ACRYLIC COLOR \_\_\_\_\_



- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Ortho Rx       | <input type="checkbox"/> Frankel Rx     | <input type="checkbox"/> Labels or Boxes | <input type="checkbox"/> Pkg Foam    |
| <input type="checkbox"/> Study Model Rx | <input type="checkbox"/> Twin Block™ Rx | <input type="checkbox"/> Splint Rx       | <input type="checkbox"/> Price List  |
| <input type="checkbox"/> C/B Rx         | <input type="checkbox"/> Herbst® Rx     |  | <input type="checkbox"/> Color Chart |



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