Arch Development

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Date Sent (Impression date) ☐☐ ☐☐ ☐☐

Date Due (2 days prior to appt.) ☐☐ ☐☐ ☐☐

Doctor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Patient First Name

Patient Last Name

☐ Please call about this case prior to fabrication.

☐ Enroll this case in Appliance Protection (Additional fee).

Please make this design a MyWay™ (Representative will call).

MyWay™ # ☐☐☐

U L **Saggital** Fixed Removable
If prescribing for anterior movement please include an opposing model and a bite registration with centric A/P relation and 3mm posterior opening. No labial bow.

U L **Schwarz** Fixed Removable
Upper includes one screw for primary and mixed dentition, two for permanent dentition. No labial bow.

U L **Transverse**
Upper includes one screw for primary and mixed dentition, two for permanent dentition. Includes posterior coverage. No labial bow. Include an opposing model and bite registration with centric A/P relation and 2-3mm posterior opening.

U **RPE (Rapid Palatal Expander)** Banded Bondable
Available in banded or bondable versions. For bondable please include an opposing model and a bite registration with centric A/P relation and 2-3mm posterior opening.

L **'E' Appliance**
Spring-loaded lingual arch appliance designed for molar distalization.

U L **Haas Expander** Banded Bondable
Acrylic pads provide continuous pressure over a greater area when activated. Available in banded or bondable versions.

L **F.L.E.A (Fixed Lingual Expansion Appliance)**
RPE screw soldered to molar bands. Includes stabilizing wire with sweeper springs to provide constant even pressure for anterior alignment.

U L **Fan Expander** Fixed Removable
Pivoting hinge maintains the posterior while expansion is achieved in the anterior. Fixed version contains a one-part hinge. Removable contains a two-part hinge.

U L **Anterior Push Expander** Fixed Removable
Provides anterior movement without the use of full palate acrylic. Posterior coverage may be added.

U **Cettlin**
This anterior bite plane is designed to be used with headgear. Provides continual distal force when headgear is not in use.

U **Pendulum**
TMA springs exert continuous force to distalize the molars.

U **Pendex**
A midline screw is added to the Pendulum appliance for arch development.

L **Franzulum**
Lingual acrylic pad, cuspid putter wires and occlusal bicuspid stops. Activation is achieved with coil springs.

U **Frog®**
Allows for molar distalization with the added convenience of a two-part mechanism which can be adjusted or modified. Easily adapted for unilateral or bi-lateral correction.

U **Nord**
Unilateral crossbite correction. Please include an opposing model and a bite registration with centric A/P relation and 3mm posterior opening.

U L **Quad Helix** Fixed Removable Standard 3D™
Used when minor expansion is needed in early treatment and there is some rotation of the molars required. May be fabricated as fixed or removable. NorthStar also fabricates a 3D™ Quad Helix which utilizes RMO's Blue Elgiloy™ wire. *Please specify either standard or 3D™ when ordering.*

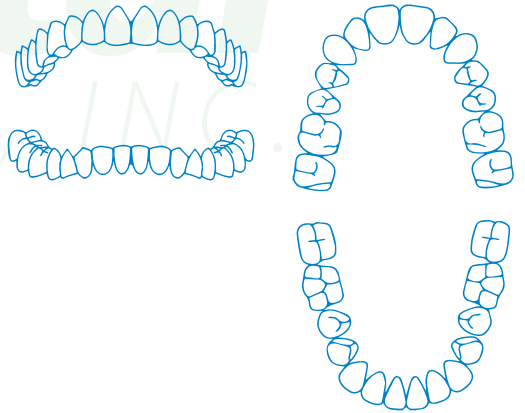
U L **Spring Jet** I II
Spring Jet I is used for slow, even palatal expansion. Spring Jet II has double the power for rapid palatal expansion.

U L **Distal Jet** Bi-lateral Unilateral
Allows distalization of first or second molars. Bi-lateral and unilateral versions are available.

U **CD Distalizer**
A series of tubes, shafts and springs are activated by adjusting a Gurin lock to provide rapid, stable movement.

U L **Inman Expander**
Our standard RPE with the addition of Inman Power Components™ and anterior sweeper springs. Combines palatal expansion with distalization.

U L **Design your Own / Special Instructions**
Please draw and describe the appliance you desire.
Include a suitable bite registration.



Lab Use Only: BBP?

Please Send:
- ☐ Boxes
- ☐ Color Chart
- ☐ Foam
- ☐ Imp. Bags
- ☐ Labels
- ☐ Product Catalog

Rx (Select Types):
- ☐ Arch Development
- ☐ Digital
- ☐ Finishing/Aligning
- ☐ Functional
- ☐ Habit
- ☐ Health/Safety
- ☐ Herbst®
- ☐ Most Requested
- ☐ Retention
- ☐ Space Maintenance
- ☐ Splint
- ☐ Study Model

License #: _____

Signature: _____

IMPORTANT: Prescription not valid without license # and signature.

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