Herbst®

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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.

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

☐ MyWay™ # ______

Attachment Methods

☐ ***Banded***
- ☐ Dr's bands ☐ NorthStar's bands
- ☐ Reinforce bands with Wire Frame

Placement

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

☐ ***Crowns***
- ☐ Dr's crowns ☐ NorthStar's crowns
- ☐ Occlusal vents ☐ Trim crown length

Placement

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

☐ ***Bondable***

Metal framework extending from bicuspids to molars replaces the bands or crowns. The strongest transparent acrylic is used for bonding. ***Please select acrylic options below.***

- ☐ Standard Clear Acrylic
- ☐ Cuspid Lingual Extensions
- ☐ Starbrite™: __________
- ☐ Locking Occlusal Indents
- ☐ Upper Incisal Cap
- ☐ Acrylic on 2nd Molars
- ☐ Lower Incisal Cap

Base Designs

☐ ***NorthStar Standard***
Bands or crowns on first molars. TPA with omega loop for positive pressure. Rests on lower first bicuspids.

☐ ***Mayes®***
Bands or crowns on first molars. Lower lingual arch. Molar tubes may be incorporated.

☐ ***Dischinger***
Bands or crowns on first molars. No lower lingual wire. Rests on all four second bicuspids.

☐ ***Smith***
Bands or crowns on first molars. Lower lingual arch. Rests on lower first bicuspids. Tubes on upper and lower molars.

Hinges

- ☐ Hex Hinge (specify below)
  - ☐ Straight Rod
  - ☐ Offset Rod
- ☐ Flip-Lock® Hinge
- ☐ Hanks Telescoping® Hinge
- ☐ Mini-Scope™ Hinge

Additional Options

Expansion Screws
- ☐ Standard ☐ Superscrew™
- ☐ Snap-Lock ☐ Compact

Upper Brackets *(Select size and placement)*
- ☐ .018 ☐ .022
- ☐ Occlusal ☐ Centered ☐ Gingival

Lower Brackets *(Select size and placement)*
- ☐ .018 ☐ .022
- ☐ Occlusal ☐ Centered ☐ Gingival

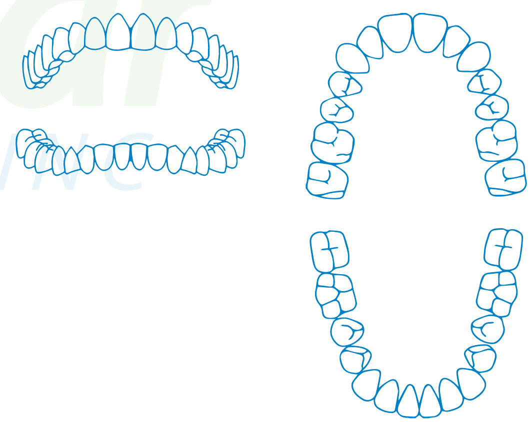
Advancement Shims *(Specify quantity)*
- ____ 1 mm ____ 2 mm ____ 5 mm
- ____ 3 mm ____ 4 mm

Clasping
- ☐ Add Ball Clasps
- ☐ Add Arrow Clasps

Other
- ☐ TPA ☐ AppleCore™ Hinge
- ☐ Lingual Arch ☐ Rests
- ☐ Duplicate Original Models ☐ Additional Hex Wrench

☐ U ☐ L ***Design your Own / Special Instructions***

Please draw and describe the Herbst® 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
- ☐ Asterisx™
- ☐ 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.

White: Lab Copy Yellow : Doctor Copy

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