# 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) ☐ Flip-Lock® Hinge
☐ Straight Rod ☐ Hanks Telescoping® Hinge
☐ Offset Rod ☐ 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***

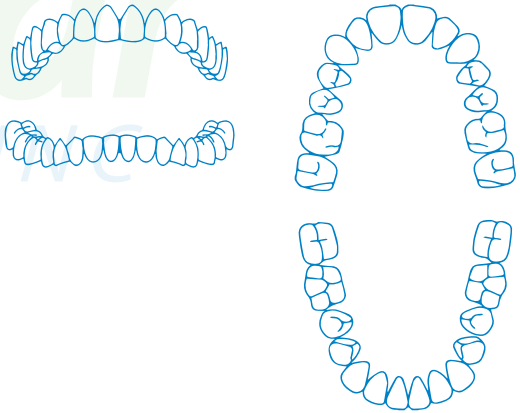
☐ Add Ball Clasps
☐ Add Arrow Clasps

***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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